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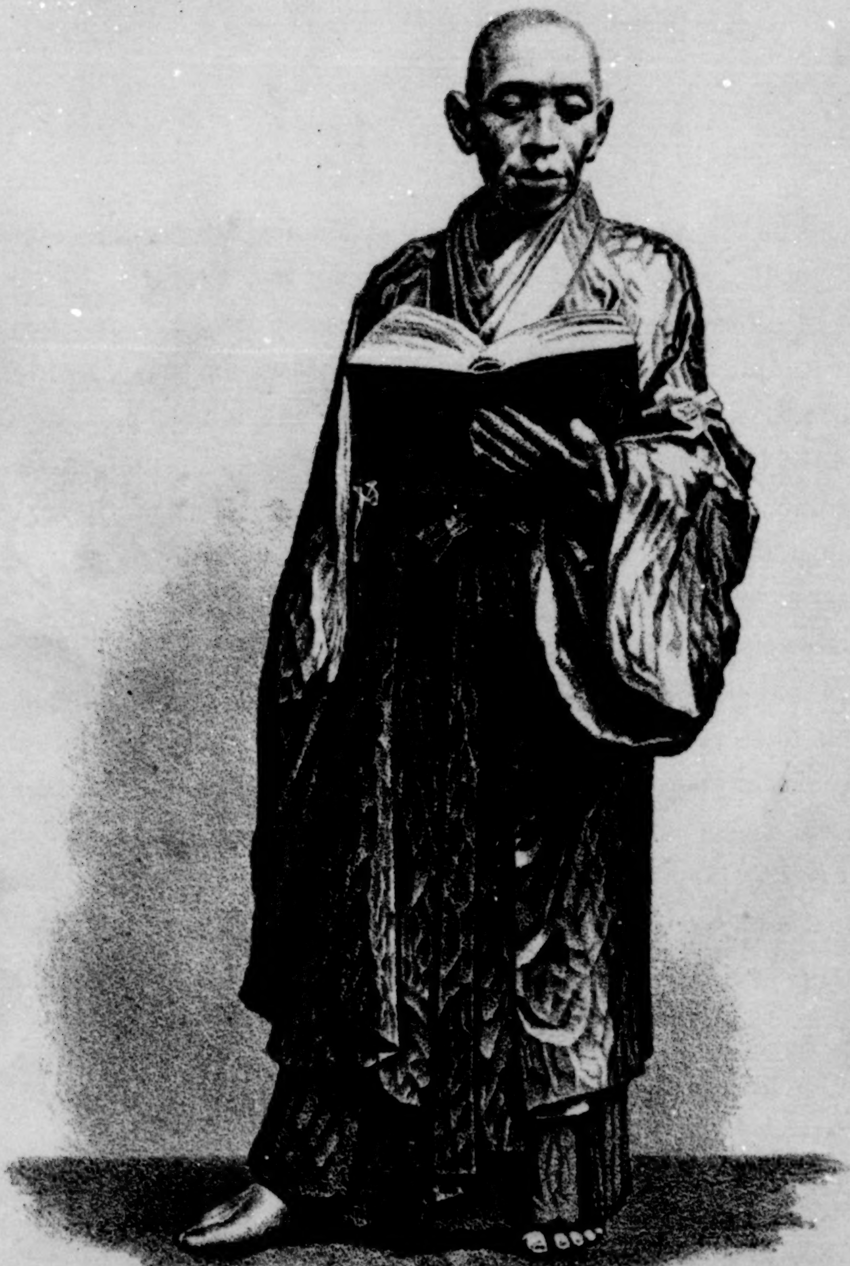

SUGITA GENPAKU

"Notes on the History of Medical Progress in Japan."

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NOTES ON THE HISTORY OF MEDICAL PROGRESS IN JAPAN.

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[*Read May 21st, 1884.*]

In presenting this sketch of the history of Medical Progress in Japan, the writer is well aware of its incompleteness, yet ventures to hope that at least in its references to various sources of information, it may prove useful to those who care to give the subject further consideration; and that the causes underlying the rapid and almost phenomenal progress, which the science of medicine has recently made in this land, may become more evident; and that the names of a few of those who have been most instrumental in bringing about such great reforms may be better known to the western world.

The materials for this paper have been gathered from various sources, principally Japanese writers of recent date, whose information has been obtained from numerous records and writings of ancient and modern times.

To Mr. Kochi Zensetsu, whose brief sketch of Japanese Medicine forms the basis of this paper,[1] the writer is especially indebted, as well as to Muramatsu Kisei,[2] Gonta Naosuke,[3] Asada Koretsune,[4] Sato Hotei, Otsuki Shinji, Sakakibara Yoshiwo,[6] Sugita Gempaku,[7] and Kaku Kashiro.[8]

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[1] 大日本醫道沿革考 (MS.) Sketch of the History of Japanese Medicine.

[2] 日本醫術沿革考 Sketch of the Changes in Japanese Medical Art.

[3] 古醫道沿革考 Notes on Ancient Japanese Medicine.

[4] 皇國名醫傳 Biographical Dictionary of Famous Japanese Physicians.

[5] 奇魂 Strange Spirits, or Ancient Rules of Medicine.

[6] 日本教育略史 Outline History of Education in Japan, Philadelphia, 1876.

[7] 蘭學事始 Beginning of the Study of Dutch in Japan.

[8] 皇國醫事沿革小史 Short History of Japanese Medicial Progress.

In the English rendering of the names of works referred to above and elsewhere, an attempt has been made to give an idea of the contents of these works rather than an exact translation of the titles.

Among the most ancient records which make mention of medical affairs are the *Ko-ji-ki*, or Records of Ancient Matters, and the *Shin-dai-ki*, or Records of the Divine Age, also the *Nihon-gi*, or Chronicles of Japan, while of more recent times the sources of information are quite numerous. To many of which sources, as well as to those already mentioned, the writer desires to acknowledge his indebtedness. Further acknowledgment is made by various references throughout the paper, and also in the appended list of authors referred to.

For convenience, the subject of this paper is divided into five parts, corresponding to five[9] most important periods of the Medical History of Japan, namely :—

I. Mythical period; from most ancient times, to about B. C. 200;[10] being the period of so-called pure Japanese medicine.

II. Introduction of Chinese and Korean medicine from B. C. 200 to A. D. 700.

III. Establishment of the University; growth and decay of the Chinese school of medicine; from the beginning of the VIIIth century to the middle of the XVIth century.

IV. Introduction of Western medicine and revival of the Chinese school; from the middle of the XVIth century to the beginning of the present reign (1868).

V. State of medical affairs at the present time.

The *Shin-dai-ki* or *Shin-dai-maki* is, strictly speaking, a portion of the *Nihon-gi*; but as frequent reference is made to it as a separate work by authors quoted herein, its distinctive title is retained.

[9] In the valuable and most interesting contribution to the subject, by Mr. Kaku Kashiro of the Prefecture of Wakayama, the following division of the subject, is made: I—Period of pure Japanese medicine, terminating about B. C. 91; II—Period during which both Japanese and Korean methods were employed, B. C. 91 to A. D. 553; III—Period during which Chinese medicine flourished, from A. D. 553 to 1156; IV—Period of decay A. D. 1156 to 1600; V—Revival of medical learning A. D. 1600 to 1760; VI—Introduction of European medical sciences from 1760 to the present time.

[10] The years of the Christian era corresponding with those of Japanese chronology have been determined by the 紀元年表, Table of Japanese Chronology.

I. MYTHICAL PERIOD; FROM MOST ANCIENT TIMES TO ABOUT B. C. 200; BEING THE PERIOD OF SO-CALLED PURE JAPANESE MEDICINE.

Japanese historians, for the most part, unite in attributing the earliest notions of medical treatment possessed by the inhabitants of ancient Japan to Ō-na-muchi-no-mikoto,[11] the deity Great-Name-Possessor and Sukuna-hiko-na-no-mikoto, the deity, Prince Small-Name, two deities of the Shin-dai, or "Divine Age," of Japanese history, who lived, it is said, many hundred years before the Christian era, and whose lives are written down in the ancient records of Japan. Before this, it is stated, and in the time of the first divine pair of Japanese mythology, Izanagi and Izanami,[12] the art of healing first had its origin. As however the knowledge of those most ancient times is but legendary and handed down by writers, the earliest of whom, whose works are still extant, wrote not earlier than the seventh or eighth century after Christ, and long after the introduction of Chinese and Korean literature into Japan, it will perhaps yet transpire that the notions of medical treatment, herein designated as purely Japanese, had their origin in lands beyond the Japan Sea.

Ō-na-muchi-no-mikoto was a descendant of Susa-no-wo-no-mikoto, brother of the Sun goddess, and son of Izanagi and Izanami, and was also known by several other titles.[13] He is thought by some to have been in reality a Korean warrior who had in early times crossed the sea to Japan.[14]

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[11] *Mikoto* as originally used probably meant little more than a title of exalted rank, but for sake of convenience it is here rendered deity, although it can hardly be said to resemble much in meaning the latter term.

[12] According to Japanese mythology (*Kojiki*, Asiat. Soc. Trans.) all things sprang from chaos. The heavens and earth were formed first, following which in the "Plain of High Heaven" three deities were born, and from a thing that "sprouted up like unto a reed shoot" two other deities came into existence, in all five, who were called heavenly deities. After these were seven generations of earthly deities, of which Izanagi and Izanami were the last, who were also the progenitors of the human race. That age which extended down to the time of Jim-mu Tennō, B. C. 640, was called the Shin-dai, or "Divine Age," during which a race of demi-god emperors, it is said, ruled Japan.

To Ō-na-muchi-no-mikoto and Sukuna-hiko-na-no-mikoto,[15] it is stated in the *Nihon Sho-ki*, or Chronicles of Japan, and in the *Koku-shi-riyaku*, or Epitome of Japanese History, were entrusted the affairs of the land ; and that being moved with great love for the people, they drove away evil spirits, gave remedies and charms against sickness, accidents, and ravages of insects, birds and beasts in cultivated lands, and also established methods of medical treatment upon which the people placed great reliance.

In the *Ko-ji-ki*[16] it is related that Ō-na-muchi-no-mikoto, coming one time upon a hare lying upon the ground and weeping with pain, whose clothing had been stripped off by a crocodile, and whose skin had split by reason of a wetting with salt water, and exposure to the heat of sun, directed the hare as follows :

"Go quickly now to the river-mouth, wash thy body with fresh water, then take the pollen of the sedges growing at the river-mouth, spread it about, and roll about upon it, whereupon thy body will certainly be restored to its original state," following which directions the hare quickly recovered.

On another occasion, Ō-na-muchi-no-mikoto himself became the subject of medical treatment, the story of which, as related in the *Ko-ji-ki*,[17] is given below :

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[13] Utsushi-kuni-tama-no-mikoto, the deity, Spirit of the-Land-of-the-Living ; Ō-kuni-nushi-no-mikoto, the deity, Master-of-the-Great-Land ; Ashi-hara-shiko-wo-no-mikoto, the Deity-of-the-Reed-Plains ; Yachi-no-mikoto, the Deity-of-Eight Thousand-Spears.—(See Chamberlain's Translation of the *Ko-ji-ki*, Asiatic Soc. Trans., vol. x. Supplement, p. 67.)

[14] Ō-na-muchi-no-mikoto is now also looked upon as the god of marriage, and is so worshipped at Idzumo-no-Oyashiro, at which place all the gods of the land are said to assemble annually in the tenth month (the Kami-nashi-no-tsuki, or month without a god), to arrange marriages for the coming year.

[15] The deity Prince Small-Name, now worshiped at a temple in Go-jō-Machi, Kiyoto. The peculiarity of the names, Ō-na-muchi-no-mikoto, and Sukuna-hiko-na-no-mikoto, has led some to suppose that they represented the names of officers rather than the names of persons.

[16] Chamberlain's Translation, p. 68.

[17] Ibid, p. 70.

The eighty deities the brethren of Ō-na-muchi-no-mikoto, desiring to slay him, because of the preference of the Princess Ya-kami for him, having counseled together, said to him:

> "On this mountain there is a red boar. So when we drive it down, do thou wait and catch it. If thou do not wait and catch it, we will certainly slay thee." Having thus spoken, they took fire, and burnt a large stone like unto a boar, and rolled it down. Then as they drove it down and he caught it he got stuck to and burnt by the stone, and died.
>
> Thereupon her Augustness his August parent cried and lamented, and went up to heaven and entreated His-Divine-Producing-Wondrous-Augustness, who at once sent Princess Cockle-shell and Princess Clam to bring him to life. Then Princess Cockle-shell triturated and scorched her shell, and Princess Clam carried water and smeared him as with mother's milk, whereupon he became beautiful and wandered off.

In the *Shin-dai-ki* or Records of the Divine Age[18] it is stated that Sukuna-hiko-na-no-mikoto employed sand heated in sea-water over a fire to warm the back, and found the effect to be good; and that in the time of Ame-no-oshi-hoho-mi-mi-no-mikoto and of Ishi-kori-to-me-no-mikoto, infusions and decoctions[19] were first employed. The *Shin-dai-ki* further states that the sons of Ō-na-muchi-no-mikoto and Sukuna-hiko-na-no-mikoto were appointed to be attendant physicians and to encourage the growth of medical art; and that during the reign of the second emperor of this age great encouragement was given. Medical officers were appointed to make experiments with medicinal herbs upon monkeys, and also to dissect their bodies. From these dissections anatomy, it is said, became known. The results of the experiments, and the uses of medicines, were made known to the common people. Inquiries were also made as to the habits, general health, and longevity of the inhabitants of the land, from which, among other things, it was found that few lived to be over one hundred years of age.

During the several reigns of the so-called "Divine-Age," much, we are told by historians, was done toward the improvement of the hygienic conditions of the people, and of the methods employed in the treatment of their diseases, while the practice of medicine at court was accompanied by most encouraging results. On one occasion an empress

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[18] Section VII.

[19] 木葉湯, decoction of leaves of trees. 草花湯, decoction of flowers of plants.

(of the 34th reign) was taken with a most violent disorder, which was, however, cured by the court physician, who after having felt the four pulses, took from his bag, which he carried on his back, some medicine which he placed in the mouth of the empress, who although at once seized with great pain, followed by vomiting, was very soon after relieved and in eight days completely recovered.[20]

The character of the remedies said to have been employed in early times, and before the Christian Era, may be judged from the following list of Japanese names as given by Mr. Kaku Kashiro,[20] the Latin equivalents having been obtained from the Nippon-shoku-butsu-mei-i, or Nomenclature of Japanese Plants, by Professor Matsumura,[21] and Mr. F. Porter Smith's Notes on the Materia Medica of China.[22]

Ancient Japanese Name.	Chinese Name.	Systematic Name.
1 Yamahiraragi[23]	黃芩	Scutellaria macrantha, *Fisch.*
2 Ohoseri	當歸	Ligusticum acutilobum, *Sieb. et Zucc.*
3 Yebiyasu	芍藥	Paeonia albiflora, *Pall.*
4 Arinohifuki ..	桔梗	Platycodon grandiflorum, *D. C.*
5 Kurara	苦參	Sophora angustifolia, *Sieb. et Zucc.*
6 Sahohime	地黃	Rehmannia lutea, *Maxim.*
7 Katahoso	半夏	Pinellia tuberifera, *Tenore.*
8 Okera	朮	(蒼朮) Atractylis ovata, *Thunb.*
9 Naruhajikami .	蜀椒	Xanthoxylum alatum.
10 Matsuhodo	茯苓	Pachyma cocos.
11 Kihada	黃蘗	Phellodendron amurense, *Rupr.*
12 Yamakagami ..	白蘞	Vitis serjaniaefolia, *Bunge.*
13 Tsuchitara ..	獨活	Angelica inaequalis, *Maxim.*
14 Yaharakusa ..	黃芪	Ptarmica sibirica, *Hoff. et Schult.*
15 Hikinohitai ..	細辛	Asarum sieboldi, *Miq.*
16 Ishi-ayame ..	石菖蒲	Acorus gramineus, *Ait.*
17 Sanenomi	五味子	Kadsura japonica, *L.*
18 Yamakusa	黃連	Coptis anemonaefolia, *Sieb. et Zucc.*
19 Hirumushiro ..	蛇牀子	Selinum japonicum, *Miq.*
20 Ohobako	車前子	Plantago japonica *Fr. et Sav.* (*seed*)
21 Nenashi	菟絲子	Cuscuta japonica, *Chois.*
22 Hirumo	蛭藻草	Potamogeton polygonifolius, *Pourr.* (?)
23 Ihonuki	陸商	Phytolacca acinosa, *Roxb. var.* esculenta, *Maxim.*
24 Kumanoi or Nikota	人參	Panax Ginseng, *C. A. Mey.*
25 Ominakadzura.	藭芎	Conioselinum univittatum, *Turcz.*
26 Karatachi	枳殼	(枳) Citrus fusca, *L.*

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[20] 皇國醫事沿革小史, Short History of Japanese Medical Progress.

[21] 日本植物名彙 Tokiyo, 1884.

[22] Shanghai, 1871.

[23] In the transliteration of these names the full sound of each syllable of the original is given.

ANCIENT JAPANESE NAMES.	CHINESE NAME.	SYSTEMATIC NAME.
27 Yorohikusa ..	白芷	Angelica anomala, *Pall.*
28 Itachikusa	連翹	Forsythia suspensa, *Vahl.*
29 Hototsura	百部根	Roxburghia sessilifolia, *Miq.* (root).
30 Hirayomogi ...	茵陳	Artemesia capillaris, *Thunb.*
31 Mitakara[24]	石斛	Dendrobium moniliforme, *Sw.*
32 I[25]	熊胆	(Gall of the bear (?)).
33 Hizume	猪蹄	(Hoof of the hog (?)).
34 Karasuafugi ..	射干	Pardanthus chinensis, *Ker.*
35 Uruki	夏枯草	Brunella vulgaris, *L.*
36 Hajikami	薑	Zingiber officinale, *Roscoe.*
37 Nirakusa	韮	Allium odorum, *L.*

As Mr. Kaku Kashiro's comments upon the condition of medical knowledge in most ancient times are most interesting, they are reproduced here in translation. He says:

> Considering the most ancient records, we find that the number of medicines discovered by tasting and experiment to have amounted to only thirty-seven, and that these mostly consisted of the roots of herbs and bark of trees. It may be possible that with these few remedies the ancients established the rules of prescribing for all diseases. In the *Sho-hon-Dai-do-rui-shu hō*[26] (Abridged "Collection of the Methods of the Dai-do Era" (A.D. 806-809), we find the following: "The Government from ancient times has established three methods for prescribing, handed down from the 'Divine Age,' each of which has four divisions or rules,—afterwards increased to thirteen according to the word of Sukuna-hiko-na-no-mikoto." In each division thirteen medicines were named. It is claimed by some that the account which places the number of medicines used in most ancient times at thirty-seven cannot be correct, as there are other medicines not mentioned in this list, but which are found in the various prescriptions said to have been handed down from Ō-na-muchi-no-mikoto and Sukuna-hiko-na-no-mikoto. In the face, however, of such clear statements as we find in the *Rui-shu-hō*[27] (Collection of Methods), and taking into consideration the simplicity of primitive times, there seems no sufficient ground for such claims; while it is not improbable that these medicines, thirty-seven in number, were all that were known to our ancestors. I have already quoted from the *Shin-dai-ki*[28] Records of the Divine Age, that in the reign of the second emperor of that age,

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[24] Sometimes called "Sukuna-hiko-na's Remedy," and used in all diseases.

[25] It is possible that this is identical with Ikusa, which is rendered in one manuscript 藺 (the rush of which matting is made).

[26] 鈔本大同類聚方. [27] 大同類聚方. [28] 神代記.

Sukuna-ō-ku-me-no-mikoto and seven other medical officers, having travelled in various directions throughout the land, returned after four years with seventy-eight kinds of roots of herbs and bark of trees, which they offered to the emperor. This was several hundred years after the time of Ō-na-muchi-no-mikoto, and if at this time there were only seventy-eight different kinds in all, it can hardly be claimed that, 37 is too small a number to represent the different medicinal substances employed in still more remote times. The reason for mentioning the several hundred prescriptions found in the *Dai-do-rui-shu-hō*,[29] or Collection of Methods of Daido Era, and the *Shin-i-hō*,[30] or Methods of the 'Divine Age,' as though they were prescribed by Ō-na-muchi-no-mikoto and Sukuna-hiko-na-no-mikoto, is easy of explanation, when we remember that these also contain the recipes of the descendants of these personages. At the end, however, of the 'Divine Age' there were some hundreds of remedies employed and obtained from birds, beasts, reptiles (mostly incinerated), minerals, stones and clay. All of these are found in Japan, and none of which is imported. These medicines were obtained in nearly all the provinces, but Idzumo, Awamine, Isetsu, Kusakine, Koshine, and Tsukushi, were most celebrated.

Medical practice in most early times was undoubtedly rude and unscientific, for no search was then made after the cause of disease, nor were other than empiric remedies employed in its treatment. Medicines were prescribed simply for symptoms; cold, for instance, was treated with Wake-yaku[31] (Wake's Medicine), insanity with Tosa-yaku[32] (Tosa Medicine), diarrhœa with Awaji-yaku[33] and Hiuga-yaku[34] (the Awaji and Hiuga remedies). In those days the practice o medicine was already a recognized profession, for in the *Shin-dai-ki*,[35] or Records of the Divine Age, section 7, it is recorded that Ō-na-muchi-no-mikoto and Sukuna-hiko-na-no-mikoto conducted experiments in medical art and made it the profession of their descendants; and in the 26th section it is stated the 16th emperor had fifty-two sons, of whom twenty were appointed searchers for medicinal plants, were taught the rules for medical treatment laid down by Ō-na-muchi-no-mikoto and Sukuna-hiko-na-no-mikoto, and were sent to various provinces under the title of Hase-daki-no-kami. They were also given the name of Hiko-no-mikoto, coupled with the name of the province to which they were sent. In section 28 it is related that the 20th emperor on one occasion invited all his sons to a banquet, at which each was asked to state the object of his life. Whereupon certain replied that they desired to become medical officers; others, to become officers for general education or religious instruction; others, commanders of military or naval forces, and others, officers charged with the increase of the people. The emperor, pleased with their desires, permitted them to assume the offices they had chosen.

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[30] 神遺方. [31] 和氣藥. [32] 土佐藥. [33] 淡路藥.
[34] 日向藥. [35] 神代記.

In section 41 it is stated that Jim-mu Tennō[36] on a certain occasion called his three sons to him, and enquired of them what life work they preferred most to follow, to which one, whose name was Ta-gishi-mimi,[37] made reply, asking to be sent to Tō-koku (eastern part of Japan), there to become a physician. Thereupon he was appointed Hase-daki-no-kami,[38] whose palace was built in Mount Kukuta[39] in the province of Chijinoku (Iwaki); another, named Kamu-ya-i-mimi,[40] asked to go to Sai-koku (the western part of Japan) and become a physician there. So that he too was appointed Hase-daki-no-kami, and had his palace built in Mount Aso.[41] Thus we see that in these days medical art was held in high esteem, and was practiced almost exclusively by the relatives of the emperor and by nobles, and that persons of lower rank were only allowed to become physicians after having passed middle age, and even then, only such as were possessed of great skill and experience, in proof of which a perusal of section 26 must be conclusive. Therein it is stated that the 12th emperor of the "Divine Age" commanded that the laws of Ame-no-masu hito[42] should be amended, and further, that men unable to pursue other avocations should be employed as diggers of medicinal roots, and the old men as physicians. In section 41 it is stated that in the reign of Jim-mu Tennō persons of both sexes, who had been infirm from birth, were ordered to attend and feed the monkeys, and to make experiments with medicines, and after the age of fifty were permitted to become physicians.

In primitive times the four elements recognized by the ancients—wind, fire, water, and earth—were used to explain the phenomena of life in the human body In section 19 of the "Records of the Divine Age,"[43] the 2nd emperor, represented as giving encouragement to medical art, says: "It is discovered that by the great skill of the heavenly gods the human body is made, consisting of the four elements, wind, fire, water, and earth, and by their combination to possess the body with the soul; and that further, the methods of searching for the causes of disease by feeling the situation of the four pulses, and determining whether they be good or bad, have been fixed."

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[36] Jim-mu Tennō was the first of the emperors of the Jin-dai or "Human Age" and he succeeded the seventy-second emperor of the "Divine Age." He is said to have ascended the throne in the year 660 B. C. and to have been the ancestor of the present reigning emperor.

[37] 手研耳.

[38] See Hase-daki-no-kami, preceding page.

[39] 菊多 also name of a county (kori).

[40] 神八井耳.

[41] In Higo there is still a temple called Aso-no-miya.

[42] 天之益人.

[43] 神代記.

It is curious to find that this agrees with the opinion of the philosophers of Egypt and Greece, who originated western science, and who also based their theories of matter upon the existence of four elements.[44]

To this time dates back the commencement of the study of anatomy and physiology, for in the same section we find these words: "The causes of internal and external diseases are explained, the form of the bones in man and woman, the position of the bowels and intestines are discussed, and the good and bad effect of food and drink determined, etc." Moreover, as previously mentioned, reference is made to the anatomy of the monkey, although it does not appear that dissections of the human body had then yet been made. Monkeys were also kept for experiment to find out the effects of various medicines upon living animals.

During this period, the modes of diagnosing disease were very simple, only three methods,—observation, question, and touch,—being resorted to. Although the touch was considered an important means of diagnosis, it was rarely made use of in reference to the pulse, but rather limited to ascertaining the heat, hardness, or softness of the surface of the body. Hence it is, that the symptoms of sickness made mention of in the medical treatises of ancient times, were chiefly in relation to the color, temperature (hotness or coldness), the dryness or moistness, hardness or softness, of the face, and of the skin of the body; the violent beating of the heart, the condition of the respiration—whether easy or difficult, cough, expectoration—its appearance and odor, the condition of the mind—whether tranquil or not, presence of pain, uneasiness, headache or heaviness of the head, the condition of sleep, presence of delirium, numbness, cramp or convulsion, obstruction of the senses, condition of taste and smell, the presence of a coating on the tongue, its color, dryness or moistness, presence of hunger or thirst, vomiting, diarrhœa, frequency of stools and their nature, quantity of the urine, and its denseness or lightness of color; by which simple symptoms the ancients decided the nature of disease. The usual mode of administering medicines was in the form of infusions or decoctions, alternated with powders; the former usually taken whilst hot or warm, and the latter generally with cold water rather than hot. Pills were not often given, and plasters, liniments, collyria and lotions seldom employed, although quite well known, preference being given to internal remedies even in surgical cases. Incision, puncture with a kind of thorn, cauterization with the moxa, (differing, however, from the modern Japanese method, and resorted to in healing small wounds or sores on the body, performed by placing a live coal, the roots of plant, or tree, upon the injured part, which was followed by inflammation, suppuration, and usually a cure), and compression by bandages were known, yet the art was rude indeed and practically very little employed.

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[44] Hippocrates regarded the body as composed of four elements differently combined in different individuals, and derived from them the four humors of the body,—blood, phlegm, bile and black bile, from which again were derived the four temperaments.—(Am. Cycl.)

Dr. K. N. Macdonald, in his "Practice of Medicine Among the Burmese," states that the physicians of Burma have held from ancient times that "the constitution is made up of four *dâts* or elements:

"1. The *Pat-ta-wee*, or earth *dât*, consisting of the flesh, bones, fæces, etc.

"2. *Ta-zaw*, or fire *dât*, consisting of the heat, both external and internal, of the animal body.

"3. The *Ah-baw*, or water *dât*, consisting of the blood, sweat, urine, marrow, and other fluids.

"4. The *Wah-yaw*, or windy *dât*, consisting of the wind which is belched from the stomach, etc.

"Besides the above four *dâts*, belonging to the human constitution, there is a fifth, called the *Ah-ka-tha* or Heaven *dât*, which keeps all the other *dâts* in motion."

In the record just quoted we find it stated, that, in the time of Jim-mu-Tennō, blind and dumb were made pupils of physicians, and taught the arts of manipulation of the abdomen and acupuncture with gold needles, and were permitted to practice the former art after the age of thirty, and the latter after having passed seventy. From which it appears that manipulation, or massage, and acupuncture were known and employed even in those most remote times.[45]

The following few examples of ancient methods of medical treatment will give an idea of some of the most important of these modes of dealing with physical disorders. The Japanese names are given as they occur in ancient records, the modern Chinese names set opposite are of the author's own rendering and are based upon the authority of the *Wa-miyo-sho*,[46] *Yen-gi-shiki*,[47] *Hin-butsu-shiki-mei*,[48] *Wa-miyo-hon-zo*,[49] *Yamato-hon-zo*,[50] *Hon-zo-kei-mo*,[51] and *Wa-kan-san-sai-dzu-ye*.[52]

For all kinds of colds and catarrh of the organs of respiration and digestion, sweating was induced, and medicines for strengthing the stomach were exhibited. In ordinary colds the following named medicines were used:—

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[45] In the reign of the Empress Ko-ken, A. D. 749, gold was presented to the court from Ōshiu, and though this is considered to have been the first that was found in Japan, yet it is mentioned in the above record, that in the 10th reign of the "Divine Age" gold was presented to the reigning empress.

[46] 和名鈔, Explanation of Japanese Words.

[47] 延喜式, Ceremonials of the Yen-gi Era (A.D. 901-922).

[48] 品物識名, Dictionary of Names of Things.

[49] 和名本草, Japanese Botany.

[50] 大和本草, Botany of Yamato (Japan).

[51] 本草啓蒙, Botany for Beginners.

[52] 倭漢三才圖會, Encyclopædia of the Universe (Japanese and Chinese).

Ominakadzura	芎藭	Conioselinum univittatum, *Turcz.*
Hosogumi	半夏	Pinellia tuberifera, *Tenore.*
Hajikami	薑	Zingiber Officinale, *Roscoe.*
Tamakawa	桂皮	Cinnamomum Loureirii, *Nees.* (bark).

For catarrh of the digestive organs the following medicines, which excite sweating, are of bitter taste and strengthen the stomach, were given:

Yeshiyasu	芍藥	Paeonia albiflora, *Pall.*
Naruhajikami	蜀椒	Xanthoxylum alatum.
Mekusa	薄荷	Mentha arvensis, *L. var.* vulgaris, *Benth.*
Hirarane	黄芩	Scutellaria macrantha, *Fisch.*
Kafudzu	橙	臭橙 Citrus bigaradia, *Dunham.*
Yeyamikusa	龍胆	Gentiana scabra, *Bunge.*

For catarrh of the respiratory organs when there is great coughing, the following were used in mixture:

Makusune	葛根	Pueraria Thunbergiana, *Benth.* (root).
Matsuhodo	茯苓	Pachyma cocos.

Thus for instance, in volume XVI. of the Collection of the Methods of the Daido Era,[53] it is directed that Wake-yaku,[54] which includes the above medicines, is to be used in colds and light fevers, also for severe colds and for loss of appetite. The following five medicines were directed to be given in decoction:—

Makusune	葛根	Pueraria Thunbergiana, *Benth.*, (root).
Ominakadzura	(芎藭)	Conioselinum univittatum, *Turcz.*
Hosogumi	半夏	Pinellia tuberifera, *Tenore.*
Hajikami	生姜	Zingiber officinale, *Roscoe.*
Tamakawa	桂皮	Cinnamomum Loureirii *Nees*, (bark).

For diarrhœa, Ku-mi-ken-i-yaku[55] (bitter stomachics), Shu-ren-yaku[56] (astringents), or Ho-setsu-yaku[57] (emollients) were employed; the names of some of which were:—

Karatachi	枳殼	Citrus fusca, *Smith.*
Arinohifuki	梗桔	Platycodon grandiflorum, *D. C.*
Yamaseri	當歸	Ligusticum acutilobum, *Sieb. et Zucc.*
Mirarane	細辛	Asarum sieboldi, *Miq.*
Hirarane	黄芩	Scutellaria macrantha, *Fisch.*

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[53] 大同類聚方.

[54] This was the original prescription of Sukuna-hiko-na-no-mikoto and handed down through many generations to Wake Iinari of Bizen.

[55] 苦味健胃藥. [56] 收斂藥. [57] 包攝藥.

Okerane	蒼朮	Atractylis ovata, *Thunb.*
Kurarane	苦參	Sophora angustfolia, *Sieb. et Zucc.*
Afuchikawa	苦楝皮	Melia azedarach, *L.* (root).
Nikota	人參	Panax Ginseng, *C. A. Mey.*
Yeyamikusa	龍胆	Gentiana scabra, *Runge.*
Fushikurumi	正倍子	Rhus semi-alata, *Smith.* (Nut galls).
Makuzune	葛根	Pueraria Thunbergiana, *Benth.*, (root).
Matsuhodo	茯苓	Pachyma Cocos.

For urinary diseases the following were used:

Momonohana	白桃花	Prunus persica, *Benth et Hook.* (?) (flower),
Mubarami	榮實(即野薔薇實)	Rosa multiflora, *Thunb.* (seed).

These medicines have diuretic properties.

For pain in the bowels arising from indigestion the following stomachic and analgesic medicines were used:—

Kafudzu	臭橙	Citrus begaradia, *Dunham.*
Hajikami	生姜	Zingiber officinale, *Roscoe.*
Mikurine	香附子	Cyperus rotundus, *L.*
Masumi	杜仲	Euonymus japonicus, *Thunb.*
Mirarane	細辛	Asarum sieboldi, *Miq.*

For dropsy, diaphoretic and diuretic medicines, as—

Mirarane	細辛	Asarum sieboldi, *Miq.*
Kakuma.	麻黄	Cannabis-————?

Also cathartics, and other medicines to reduce swelling (resolvents), were employed.

The following are examples of medicines which were employed in general dropsy.

Ōshinone	大黄	Rheum undulatum, *L.* (root).
Karatachi	枳殼	Citrus fusca, *Smith.*
Momonohana	白桃花	Prunus persica, *Benth. et Hook.* ? (flowers.)

These medicines are directed to be administered in decoction.

In all kinds of fever the treatment consisted mainly in the administration of diaphoretics, the principal remedy being Kawa-yanagi-kawa 水楊皮, bark of the river willow.

In the treatment of inflammations of the conjunctiva, inner ear, nose, or any mucous membranes 解凝收斂性品, resolvents and emollients were adminstered internally, or applied externally to the surface, and were represented by—

Shiraishi	石膏	Gypsum cake.
Yamashiho	芒硝	Saltpetre.
Tousu	礬石(即明礬)	Alum.

For diseases of the skin, such as herpes parasiticum, in addition to the three above mentioned remedies, Hokuchi 硫黃, Sulphur, was employed, and with the others was sometimes also used externally as an ointment. The treatment of ulcers varied but little from the above.

Besides the methods of treatment above briefly described, there were other means resorted to for the cure of disease, one of which was that of incantation.

The treatment of disease by bathing in the water of hot springs, was introduced by Ō-na-muchi-no-mikoto and Sukuna-hiko-na-no-mikoto, for on a certain occasion it is related, Ō-na-muchi-no-mikoto becoming himself ill, and after consulting with Sukuna-hiko-na-no-mikoto, bathed in a hot spring, whereupon he soon recovered, and afterwards, whenever in their travels these personages came upon good soil, they established hot springs; which was the beginning of this kind of treatment in Japan. A daughter of Ō-na-muchi-no-mikoto named Taka-tsu-hime-no-mikoto, who was afflicted with a disease of the eyes, was also cured by the use of the water of hot springs.

Cold water baths are said to have been used during the illness of the Emperor San-jo (A.D. 1012-16) described in *Ō-kagami*,[58] and were also used by Kiyomori when attacked by a fatal fever, references to which treatment are made in several works as a remnant of primitive modes of treament; from which we know, that in early times cold baths were used in acute fevers. After the time of Kiyomori (A.D. 1181) it is stated in the *Hon-cho-i-dan*,[59] or Talks upon Japanese Medicine, cold baths were never used.

In taking into consideration the foregoing statements in regard to the employment of remedies in most remote times, and of the medical knowledge of those times, it should be borne in mind that the histories, from which these accounts are taken, are, for the most part, legendary, and that not until several centuries after the beginning of the Christian Era does Japanese history lose its mythical character and gives evidence of authenticity. These statements, nevertheless, are not without interest, and have an important bearing upon the subject.

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[58] 大鏡 Great Mirror.

[59] 本朝醫談.

II. INTRODUCTION OF CHINESE AND KOREAN MEDICINE; FROM B. C. 200 TO ABOUT A. D. 700.

The time at which Chinese and Korean medicine first became known in Japan is not clearly stated. Subsequent however to the period of Japanese Medical History already described, a great and remarkable change, evidently the result of foreign intercourse, took place in the accepted theories of the causes of disease, and in the practice of medicine. The beginning therefore of the introduction of these foreign systems of medicine may be set down as having occurred at a time no less remote than the second or third century B. C., two centuries after Hippocrates and over four hundred years after the "Divine Age" of the demi-god emperors of Japan had come to a close.

Ancient Japanese history is not without its legends of foreign intercourse at a period anterior to that above, and mention of which is made in the "Chronicles of Japan,[1]" wherein it is stated that in the reign of the fourth emperor of the "Divine Age" an ambassador, named Uteru, from Akasuhide, emperor of Oroshi,[2] landed in the province of Yechigo.

The first mention of the arrival of any foreign physician in Japan is found in the legend repeated by Kaempfer[3] in his discussion of the different theories advanced in his day as to the probable origin of the Japanese race.

In the reign of the Emperor Kōgen (B.C. 214 to 158) a Chinese physician, accompanied by three hundred young men and as many young women, landed on the shores of Japan. The object of this physician in leaving his native land in such strange company, it is stated, was to escape from the power of a cruel tyrant and to establish in Japan a colony of his own people, among whom he might pass away his days in peace. In order to accomplish this purpose, he represented to the emperor that a medicine was to be obtained in Japan which possessed the wonderful virtue of giving immortality to those who might be subjected to its influence. So tender, however, and of such a singular structure were the plants from which this medicine was obtained, that they would lose their virtues if touched by other than chaste and pure hands, and that it would be necessary, to ensure the success of his proposed mission, that he should be accompanied in his search by such a band of young men and women.

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[1] 皇國醫事沿革小史, Short History of Japanese Medical Progress.

[2] 俄羅斯.

Kaempfer adds, that in the province of Kii places are still pointed out where this physician is said to have landed, and where he afterwards settled with his colony, and also the remains of a temple erected in his honor, "for having brought over from China good manners and useful arts and sciences."

Later, in the 65th year of the reign of Sūjin Tennō, B.C. 33, it is recorded that one Sonakashichi arrived in Japan from Mimana,[4] one of the kingdoms into which Korea was in ancient times divided. Previous to this, however, other foreigners had come to Japan and some had become naturalized, while Japanese had gone abroad, some of whom returning had also brought information of foreign manners, customs, and sciences with them.

It is stated in the Chinese work 東國通鑑, or Outline History of the Eastern Country,[5] that in the year corresponding to A.D. 11 the Japanese came over and invaded the frontiers, and that thirty-seven years later one Koko, of Japanese birth, was sent from Shiragi[6] to Bakan[7] with tribute. Koko was also called Lord of the Gourds, because he first brought gourds from Japan.

It is probable that the foreign invasion of Korea by the Empress Jingō, in or about the year A.D. 201, contributed much toward the gradual introduction of Chinese and Korean medical learning into Japan. During this period, and also previous thereto, it is stated that it was not an uncommon thing for sons of the Korean kings to become the medical instructors of the sons of the Japanese emperors, records of the teachings of whom are found in the histories of those times. Among the most noted of these Koreans were Amanohihoko, who

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[3] Kaempfer's Japan, p. 82.

[4] Or Ninna.

[5] 崇神天皇記, Records of the reign of Sūjin Tennō.

[6] One of the ancient Kingdoms of Korea.

[7] A town on the borders of China, where the tribute-bearers from Korea were received.

came to Japan in the year B.C. 27, Yudzuki no kimi, who came in the year 283, and Atoki in the following year. Wani, who arrived in Japan about 283, brought with him the *Ron-go*[8] or "Miscellaneous Conversations" [between Confucius and his disciples], and the *Sen-ji-mon*,[9] Classic of a Thousand Characters. In the reign of Inkiyō Tennō, 412-453, an ambassador was sent to Shiragi for a physician to attend the emperor, who was unable to walk by reason of a disease in the legs.[10] In the year 413, and in compliance with this imperial request, the king of Shiragi sent Kinhachin and Kankibu, two physicians, as ambassadors and bearers of presents to the Japanese Court. Through the skillful efforts of these physicians the emperor soon recovered, of which latter it is recorded that during his reign the best foreign methods of treatment of disease became known, and together with the ancient Japanese methods were widely employed.

In the 14th year of his reign, 553, Kinmei Tennō sent an ambassador to Kudara, one of the ancient divisions of Korea, requesting the king of that country to send a physician to Japan with various kinds of medicines, it being the hope of the emperor that the threatened return of an epidemic, which on a previous year had carried off many of the youths of the land, might thereby be averted.

The king of Kudara accordingly sent, in the following year, a professor of medicine[11] named Nasotsu Yurioda, accompanied by two botanists, or searchers for medicinal plants, Setoku Hanriho and Kotoku Seiyuda, from which time the medical learning of Kudara was taught, and many of its doctors and medical botanists found employment in Japan. At this time the *Sō-mon*,[12] *Rei-su*,[13] *Nan-kiyo*,[14] and *Sho-hin*,[15] were appointed to be read by medical students.

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[8] 論語 [9] 千字文 [10] Kakke (?)

[11] 醫博士, I-hakase.

[12] 素問, "Questions of Soko; containing the answers of an all-knowing God to Hoanti, the son of Hohi, the founder of China, concerning subjects philosophical, physiological and anatomical."—(Am. Cycl.)

[13] 靈樞, A treatise on internal maladies and the practise of acupuncture.

[14] 難經, On difficult diseases; containing solutions of eighty-one doubtful questions.

[15] 小品, A collection of miscellaneous prescriptions.

Ten years later, one Chisō, a grandson of the Emperor Sho-en[16] of China, brought to Japan and presented to the emperor 164 volumes of a work called *Yaku-sho-mei-do-dzu.*[17] During this reign Buddhism was also introduced, as well as the arts of almanac-making and divination. After this the study of botany became quite popular, and it is mentioned in history that the Empress Suiko (A.D. 593-628) and Emperor Tenchi (668-671) both studied botany and observed the custom of collecting medicinal plants on the 5th day of the 5th month of each year.

During the reign of Bitatsu Tennō, in the fourteenth year, a dire scourge fell upon the people who were afflicted with a skin-eruption, by reason of which many perished. This was believed by some to have been the result of the introduction of Buddhism, whilst by the common people it was thought to be a punishment sent on account of the burning by imperial command of a Buddhist idol. After this, and in the same year, one of the court officers having suffered from this disease, was permitted to pray to Buddha for healing, which, it is said, was the first time mentioned in Japanese history of permission being granted anyone to invoke the healing power of Buddha. Soon after, it became quite a common thing among the people to employ charms against disease, or to offer prayers for its cure.

Priests then performed the double function of priest and doctor, and it was not uncommon, whenever the emperor was taken ill, to erect by imperial command a temple, and place therein an image of some deity for worship.

Medical priests soon became quite numerous, and in the reign of the Empress Kōken numbered at court one hundred and sixteen.

In the 10th year of the reign of the Empress Suiko (602), a priest named Kuwanroku brought to Japan works on almanac-making, astronomy, geography and the art of making armor, and was given charge of several students, one of whom, Yamashiro no omi Hinami, after having first studied the art of armor-making for several years, applied himself entirely to the study and practice of medicine and became famous in his profession.

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[16] 照淵,

[17] 樂書明堂圖, On Medicine and Acupuncture.

In the 15th year of this reign (607) one Ono-no-Imogo, a woman of rank, brought back from China the *Shi-kai-rui-shu-ho*,[18] a universal encyclopædia of medical treatment consisting of 300 volumes.

In the 30th year of the same reign, 622, two priests,[19] Keisai and Keiko, and two physicians, Keijitsu [19] and Fukuin, who had been sent to China in a former year, having returned, reported to the empress the great progress being made by the Japanese students then pursuing their studies in China.

A few years later, in the reign of Jomei Tennō, (631), Keijitsu was again sent to the country of Tô (China) to continue his studies of the medical sciences of China.

Chinese medicine seems to have flourished during this time, and especially during the reigns of Empress Suiko and her successor, while Korean medicine became less and less popular.[20]

During the reign of Suiko Kōgō students were first sent abroad, and bureaux for the distribution of medicines and food to the poor were first established.

The knowledge of anatomy,[21] physiology, pathology and therapeutics possessed by the physicians of the middle part of the period under consideration, has been summed up in the Short History of Japanese Medicial Progress,[22] the substance of which is as follows: The internal organs or viscera, according to Takénouchi,[23] were eight in number, namely—*fuguski*, the lungs; *hokura*, the heart; *kimo*, the liver; *i*, the gall; *ichibacku*, the stomach; *yogoshi*, the spleen (?); *murato*, the kidneys;

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[18] 四海類聚方. [19] A native of Kudara (in Korea).

[20] The terms "Chinese medicine" and "Korean medicine" are used here and elsewhere rather to denote two of the sources from which the Japanese received their medical knowledge, than to distinguish separate schools of medicine.

[21] The word *kaibo*, to dissect, was first used, it is said (Tokio Medical News, 1884, p. 887), in the *Rei-su* 靈樞 (see p. 261). In the *Yū-riyaku-ki* 雄略記, or History of the Period, A.D. 457-479, it is mentioned that the Emperor, upon hearing of the death of Princess Tata-hata, who had committed suicide by drowning because she had been subjected to a most painful suspicion, ordered an examination of the body to be made, whereat only a sac containing some water and a stone was found, and the innocence of the deceased princess thereby established. This it is said is the first record of a post mortem examination made upon the human body.

[22] 皇國醫事｜一史.

[23] Prime Minister of Empress Jingō.

and *kusowata*, the intestines. The lungs are in the upper part of the thoracic cavity; they cover the heart, are dependant; they also lie adjacent to the gullet and are divided into five lobes, and contain within convoluted vessels. The color of this viscus is greenish black; and it is the organ of respiration. The heart lies immediately behind the left mamma; its shape is like that of a bottle gourd (Cucurbita lagenaria); it is purple in color, and has a cavity within, which contains blood, and is provided with a middle wall or partition. It is the root of blood vessels. The liver is in the right side of the chest and is divided into two dependant lobes; its color is yellowish black. It is flat and hollow and covers the gall. There is a hole in it which connects with the heart, and also many other holes in it leading outward. The gall lies just outside of the liver. It is of a green color, and in form like the root of the 春蘭 (cymbidium sp. ?). It contains within it a bitter tasting fluid of yellowish color. The stomach lies inwardly at the base of the spleen; its figure is like that of a stone jar (*kame*), and its color is white. It receives the food which comes down the gullet, and digests it, while below, it reaches to the intestine. In women it creates blood, while its water becomes urine (?). The spleen is on the left side of the belly; being above the stomach, its color is like that of the *kiri* (Paulownia imperialis), and it contains air. The kidneys are dependant, one on each side of the vertebral column; they have convoluted vessels within, and bind together fibres or tissues; above they reach to the liver. The intestine extends from the upper part of the navel downward with convolutions; it is long and bulky, and of somewhat greenish white color. It contains food within, and its extremity reaches to the anus. The first beginning of the formation of the human body is *ki* (氣), vital spirit or air,[24] and *sui* (水) water. These two make first the fibre, or tissue, and blood, then muscles and flesh, vessels, bones, internal organs, the four limbs, outer skin, nose, mouth, eyes, ears, hairs, fingers and toes, and reproductive organs. The air (or vital spirit) enters through the mouth and nose to the inner organs, where it mixes with water, then ascends to the head, where it enters, minutely divided, into the main trunks of the blood vessels, circulates through the extreme parts of the body, and finally returns and stops in the inner organs.

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[24] Vapor or breath.

The water enters through the mouth in the food and drink to the inner organs, and with the air, or vital spirit, into the main trunks of the blood vessels, where taking up color it becomes blood and nourishes the bones, while that portion which goes out toward the skin is without color and becomes *midzusune* (lymph ?).

According to the same authority the constant circulation of air, or vital spirit, and water is the condition of health, while any obstruction whereby the circulation is impeded is the condition of disease.

In the treatment of disease eight propositions[25] and eight rules were held, but what these propositions and rules set forth or directed, is not now known. The causes of disease were believed chiefly to be due to differing conditions of the air, or vital spirit, and water which entered the system and which were called the roots of disease. Cold, fever and ague, for instance, it was held, were caused by impure air. The principles of treatment were embodied in a number of general propositions, wherein ideas of obstruction, congestion, tumefaction, increased or diminished action and loss of tonicity are expressed, and the use of remedies of antagonistic properties to combat these conditions is recognized.

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[25] According to Dr. Macdonald (see page 254) the following eight propositions and eight rules (?) relative to the action of the several elements in the system formed a part of the pathology of the ancient Burmese.

1. If the earth-element increases, and the fire-element is affected, all the other elements are totally destroyed.
2. If the fire-element increases, and the fullness in the stomach continue, all the other elements are destroyed.
3. If the wind-element increases and the liver becomes disordered, all the other elements are destroyed.
4. If the liver increase and the wind-element becomes established, the other elements will be completely destroyed.
5. If the heaven-element increase, and the wind-element remain, all the other elements are destroyed.
6. If the fire-element increases and the heaven-element becomes established, all the other elements will be destroyed.
7. If the water-element increases and the heaven-element becomes established, all the other elements will be totally destroyed.
8. If the heaven-element increases and the earth-element becomes established, all the other elements are destroyed .

1. By the increasing of the earth-element the fire-element is suppressed, *i.e.* remains dormant without action (generally referable to the circulation of the blood).
2. By the increasing of the fire-element the heaven-element is suppressed.
3. When the heaven-element increases the appetite may be destroyed.
4. When foulness of the stomach overflows, the gall or liver may be suppressed.
5. When the liver or gall are inflamed, the wind-element may be suppressed.
6. Increase of the wind-element produces suppression of the fire element.
7. When the fire-element is influenced, the water-element may be suppressed.
8. An excess of the water-element may cause suppression of the earth element.

Therapeutically medicines were divided into classes, according to their characteristics of smell, taste, and weight. The smell of medicines was either good, bad, or pungent; the taste was bitter or sweet, acrid, oily, salty, or itching (or biting). There were those too which were tasteless. As to weight, medicines were either heavy or light. To purge, medicines which were of a bitter, acrid, oily and salty taste and were heavy were recommended. To rouse, medicines possessed of a pungent smell were to be used. Remedies also were directed to be given on general principles, as to arrest or accelerate; to harden or soften, to make dry or to moisten, to elevate or depress; to float or sink, to scatter or bring together, etc. Thus to loosen, it was directed to employ that which is sweet and light; to scatter, that which is bitter and acrid; to dry, that which is sweet and moist. The following general divisions were also made:—That which has good smell, rouses, and that which has bad smell, breaks down; that which has good taste, loosens and moistens, and that which has bad taste pushes and presses strongly; that which has no taste, lets break out. The properties of medicines which are heavy or light are not stated except as above.

III. ESTABLISHMENT OF THE UNIVERSITY; GROWTH AND DECAY OF THE CHINESE SCHOOL OF MEDICINE; FROM THE BEGINNING OF THE VIIITH CENTURY TO THE MIDDLE OF THE XVITH CENTURY.

In the year A.D. 669 a school of learning was established by the Emperor Tenchi, at the head of which was placed a Korean priest of great learning who had come over to Japan, and becoming naturalized, had, by Imperial mandate, abandoned the priesthood; it was not, however, until the time of the Emperor Mommu, more than thirty years later, that the University was thoroughly organized, and a little afterward that the Medical Department was established.

In the "Outline History of Education in Japan" it is stated that "the Medical Department had one superintendent, one assistant, one medical professor with forty students, one medical professor of acupuncture with twenty pupils, and one professor of shampooing or massage with ten pupils, one professor of the treatment of diseases of women," and that "thirty physicians for the same were afterwards added. There were also attached to this department a teacher of materia medica, a teacher of the cultivation of medical plants, besides physicians and persons to practice acupuncture and shampooing."

In each province there was one physician with students numbering one-fifth that of the provincial school, the number in which latter varied from fifty, in a great province, down to twenty in a smaller province.

The number of students and professors in the Medical Department of the University considerably exceeded the number of the same in the Department of Medicine, whilst in the Department devoted to Astrology the number was still smaller. The following persons are mentioned in a certain document as holding professorships in medicine in the period of Yoro (about 721): Kitsusen Goshiku, Komei, Taichogen, and Yega Kunishige. Among the regulations relating to education and educational institutions, it is stated in the work just quoted, that the professorships of medicine, as well as of astronomy and almanac-making, Chinese and other branches, were only to be filled by men eminently learned in the sciences they were appointed to teach; also, that the professors of the provincial schools and physicians were to be chosen from among the inhabitants of the provinces in which the schools were established. The pupils of the University were selected from among the children of families not below the eighth rank; although under certain circumstances and at different times children of families down to the ninth rank were admitted. The pupils of the provincial schools were taken from among the sons of governors of provinces and between the ages of thirteen and sixteen. Upon entering, the grade of each student was determined by his age; and he was also required to perform the prescribed ceremony of acknowledging the authority of professors and assistant professors as his teachers. The term of service of professors was eight years. The professors of provincial schools and physicians were not allowed to retire from their posts until the expiration of the fixed time of service, unless there was sufficient cause for so doing.

The curriculum embraced a period of nine years, and those students who failed to be taken into the Imperial service within this period were, at its close, or before, dismissed.

One day in every ten was allowed students for recreation; and in the fifth and ninth months, fifteen days vacation in each were allowed, in order that students might visit their homes, which when very distant, an additional allowance of time for travelling was made.

Before each recreation day the students were examined by professors in reading lessons, and those who shewed themselves more advanced than the others in these examinations, were admitted to the examinations held at the end of the year. At this annual examination students of the University were examined by the superintendent and assistant superintendent, and those of the provincial schools by the provincial governors. The students were then divided into three classes, according to the ability displayed at the examinations; and those who were found in the lowest class for three successive years, were dismissed. Those who passed in all subjects obtained the honorary rank of Ju-hachi-i-ge[1] (a rank of the 26th grade), and a rank one degree lower was bestowed upon those who passed in all but one or two subjects. The rank of students of acupuncture was rated one degree lower than that of medical students.

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[1] At this time there were nine ranks, each of which was divided into two divisions, and each of the last twelve divisions into two grades, making thirty grades in all. It seems that the rank of students of the Medical Department was below that of the students of the University proper.

The services of the professors and assistant professors were estimated according to their exertions in teaching each year; so that those under whose instruction pupils made the more progress were placed in a higher class than those whose pupils were less successful. As to professors of provincial schools, their services were also estimated by their efforts in the performance of their duties, but they were divided into three classes according to their respective merit. The services of physicians were estimated in accordance with their success in treatment of patients.

All students were required to study the *Ko-kiyo*,[2] or Book of Filial Piety, and the *Ron-go*,[3] or Confucian Analects; and medicals students were required at this time to read the following works upon medicine and acupuncture: *Tai-so-kiyo*,[4] *Mei-dō-kiyo*,[5] *Miyaku-kiyo*[6] and *Ko-otsu-kiyo*.[7]

The general course of instruction[8] in the Medical Department included materia medica, anatomy, physiology, and the practice of medicine and surgery. Medicinal plants were studied as to their forms and properties, whilst anatomy, it seems, was taught by means of plates and diagrams.

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[2] 孝經. [3] 論語. See page 261.

[4] 太素經, Written during the Sui Dynasty.

[5] 明堂經, A work on acupuncture. The expression *Mei-do* (Ming t'ang) in this title, according to Wylie, in his notes on Chinese Literature, is the name of an apartment in the palace of the ancient Kotei (Hwâng-té), where he delivered his views on the venous and muscular system; and hence has become a generic designation for acupuncture in all its ramifications.

[6] 脈經, A work on the Pulse, partially translated in Cleyer's Specimen Medicinae Sinicae (1682).

[7] 甲乙經, On the *Yin* and *Yang*; written by Hung-fu-he of the Tsing Dynasty.

[8] Mr. Wylie, in referring to the early practice of medicine in China, says: "The practice of medicine has been divided into a number of branches from very remote times, defined with greater or less precision at various epochs. During the Ming, the faculty was definitely fixed by the Government, as consisting of thirteen branches. At the commencement of the present dynasty, eleven branches of practice were recognized by the Imperial Medical College, but the number was afterwards reduced to nine. These are named—Great blood-vessel and small pox complaints, fevers, female complaints, cutaneous complaints, cases of acupuncture, eye complaints, throat, mouth and teeth complaints and bone complaints."

The pulse occupied a most prominent place in the course of study. The first or theoretical portion of the course covered two years, during which time the students read certain medical works, after which they were given practical work in general medical and surgical treatment, and in the treatment of diseases of childhood, as well as in the special branches of the eye and ear, and mouth and teeth. The whole course covered seven years, the three last of which were spent in the study of the above mentioned special branches.

There were about forty medical students in all, who together with those studying acupuncture, midwifery and shampooing enjoyed equal advantages with the students of the University.

Separate instruction was also given by professors in acupuncture, Kōtei[9] on acupuncture being the text-book employed, and the length of the course being the same as that pursued by the medical students.

Midwifery was taught in another place, and the students, who were usually chosen from among the maids of the court, and of ages between fifteen and twenty-five, were also instructed in the practice of acupuncture and the application of the moxa, as well as in the treatment of wounds and ulcers. The course in shampooing or massage covered only three years.

At this time the practice of medicine, it seems, was not confined to male physicians alone, for in the *Zoku-Ni-hon-gi*, or Supplement to the Chronicles of Japan, it is mentioned, that in the 1st year of the period called Yoro,[10] A.D. 717, the nuns were permitted to assist the sick, administer decoctions, and to treat chronic diseases; they were also permitted to embrace the Buddhist faith and to make use of charms and incantations. Later, in the 6th year of the same period, female professors were, it is stated, first appointed to teach medicine.

The occurrence of a severe epidemic of small-pox in the 7th year of Tempio, A.D. 735, led to an earnest enquiry into the methods of treatment of disease, and undoubtedly added much to the knowledge and experience of the physicians of the day. Small-pox had, it is stated, already been imported by a Japanese fisherman from Shiragi in the year A.D.

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[9] 黃帝, See 明堂經, note 5, preceding page.

[10] 續日本紀.

670.[11] This epidemic first appeared in Tsukushi, and gradually spread to the city now called Kiyoto, and continued throughout the autumn and winter, accompanied by great mortality, many among the nobility, as well as among the lower classes, falling victims to its virulence. Every effort was put forth to check this dire scourge; offerings were made at many temples by messengers sent by the Emperor; a Buddhist high-priest was called upon to offer prayers in behalf of the Emperor and his people; and a set of regulations of treatment and hygiene was framed and officially notified. Not, however, until the disease had expended its force, nearly two years later, and the lives of several of the court officials of the highest rank had been sacrificed, did it cease.

The notification above referred to is not without interest, as it throws some light upon the state of medical affairs of this period. In substance it reads as follows: Seven articles in relation to the treatment of the body, and the prohibition respecting certain foods to be avoided on the day of the patient's going to bed. This pestilence is commonly called *Seki-han-so* 赤斑瘡, or red pox. At first it resembles intermittent fever. Before the eruption appears the patient has had to suffer for some three to six days in bed. The time during which the eruption is coming out is generally three or four days. There is great heat like burning in all the members and internal organs of the body. By this time the patient experiences great thirst and wants to drink cold water, but in this he should be restrained. When the eruption or sores begin to subside the spirit gradually becomes quiet. On the other hand, dysentery may set in, and should this not be relieved hæmorrhages may complicate the case. Hæmorrhage may also occur before or after the attack of dysentery, and there is no fixed locality of occurence. When dysentery with bleeding occurs, there is either coughing, violent vomiting, hæmoptysis, or bleeding from the nose.

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[11] Small-pox, it would seem, engaged the attention of Chinese physicians as far back as the commencement of the Christian Era, while inoculation has been practiced for many centuries. The first Chinese work devoted to the subject, mentioned by Wylie, is the 聞人氏痘疹論, or discourses of Wăn-jîn-kwei on small-pox, published in 1323, nearly four centuries after the first accurate description of the disease by Rhazes, the Arabian physician.

In either case the most urgent symptom should receive immediate attention, and recognizing its meaning, the treatment should be accordingly. A warm compress should be kept lightly bound upon the navel, and should be of soft material and not allowed to become cold. The patient should not lie upon the ground, and only upon the floor when a mat is spread out over it. After the temperature has subsided and the patient desires something to eat, rice water, soft boiled rice and millet may be given. Raw fish, fruits, and vegetables should be forbidden, as well as cold water and ice. When the time approaches during which an attack of dysentery is most likely to occur, well boiled onions should be partaken of abundantly; and should hæmorrhages occur, a gruel made from the flour of glutinous rice, well boiled, should be taken several times warm, also a warm gruel made of dried food, glutinous rice, and common rice. If the symptoms do not ameliorate, repeat the above five or six times. The dried food should not be pounded in the mortar too fine. Those who are taken with this disease do not care much for food; when eaten, therefore, thorough mastication is desirable. From the beginning of the sickness parts of sea-pine *(Pinus koraiensis)* and pounded salt, roasted, should be frequently placed in the mouth, even though the tongue be burned by so doing. Even after twenty days following recovery, raw fish or vegetables should not be eaten; while it is harmful to drink water or bathe, to have sexual intercourse, or to take violent exercise, or to expose oneself to the wind or rain. Should the patient fail to observe these rules, *kuwakuran* (cholera sporatica) is sure to follow, and diuria also. The *rōhatsu* (lymphadenitis inguinalis) when far advanced is incurable. If after twenty days it is desired to eat fish, it should be well boiled, or cooked, before being taken. The meat of the dried awabi or sea-ear and bonito may be eaten without boiling if so desired; certain other fish, however, as the mackerel, must not be eaten under any circumstances. Pills and powders are powerless against this pestilence. If fever be present in the chest, a decoction of ginseng may be administered.

In the 6th year of Tempiyo Shōhō, A.D. 754, two students returned from China who had been sent to that country in a former year for the purpose of study. They were accompanied by a Chinese, a Buddhist priest named Shiyaku no Kanshin, who was possessed of no little skill in the art of determining the properties and values of "medical stones." This priest was soon placed in charge of students, whom he instructed in his art and also in medicine.

Surgical art, which until this time can hardly be said to have existed as a separate branch of medicine, was much advanced through the teachings of Ōmura no ataye Fukukitsu, a Tamba man, and a descendant of Take no uchi, who enjoyed a wide renown for his skill in curing sores of all kinds, and who wrote a treatise upon this subject; which work, it is said, was the first written by any Japanese upon the treatment of external diseases.

In the year A.D. 758, the Empress Kōken, having heard that many of the medical professors and physicians were inefficient men, commanded that the following works should be read by all students of medicine: the *Tai-so*, *Ko-otsu-kiyo*, *Miyaku-kiyo*,[12] and *Hon-zo*,[13] and the *Sō-mon*, *Shin-kiyo*,[14] and *Mei-do-miyaku-ketsu*,[15] by students of acupuncture.

In the *Yen-gi-shiki*, or Ceremonials of the Yengi period (A. D. 901-922), the terms during which lectures on certain medical books were required to be given were,—on the *Dai-so-kiyo*, 460 days; on the *Shinshiu hon-zo-kiyo*[16] and *Sho-hin*,[17] 310 days; on the *Mei-do*,[18] 200 days, and on the *Hachi-ju-ichi Nan-kiyo*,[19] 60 days.

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[12] See page 269, notes 4, 6, 7.

[13] 本草, Wylie gives the following description of the 本草綱目 (Pun ts'aou kang mŭh), the great Chinese Materia Medica, in 52 fasiculi, by 李時珍 (Le Shî-chin) of the Ming period. "The compiler spent 30 years on the work, having made extracts from upwards of eight hundred preceding authors, from whom he selected 1518 different medicaments, added 374 new ones, making in all 1892. These are arranged in 62 classes, under 16 divisions,—Water, Fire, Earth, Minerals, Herbs, Grain, Vegetables, Fruit, Trees, Garments and Utensils, Insects, Fishes, Crustacea, Birds, Beasts, and Man. Under each substance, the Correct Name is first given, which is followed by an Explanation of the Name; after this there are Explanatory Remarks, Solution of Doubts, and Correction of Errors; to which is added the Savor, Taste, and Applications, with the prescriptions in which it is used. There are three books of pictorial illustrations at the commencement, with two books of prefactory directions, and two books forming an index to the various medicines, classed according to the complaints for which they are used. The nucleus of this and other writings upon this subject is said to be a small work which ancient tradition ascribes to Shîn-nûng 神農."

[14] 鍼經 A work on Acupuncture

[15] 明堂脈訣, A treatise on the Pulse and Acupuncture

At about this time a grant of land was made for the support of the University, and the Departments of Music, Astrology, and Medicine, the University receiving about 75 acres, and these Departments about 25 acres each. Since which time other endowments have been made from time to time of money, rice, and lands. Allowances were also made to worthy students to enable them to engage exclusively in study. The practice of granting such allowances is said to have originated during the reign of the Emperor Kwammu, A. D. 782, but in reality may have had even an earlier origin.

In connection with this system of rewards, should be mentioned the curious custom then practiced among professors of provincial schools and physicians, of sending their *alma-mater*, as a token of gratitude, the income of the first year after appointment to office. Indeed, such importance was attached to the faithful observance of this custom, that it was at this time, and again some eighty years later, made the subject of Imperial decree; on which latter occasion the amount to be presented was fixed by law to be in proportion to the size and importance of the province from which it was sent, the rate for each person varying in equivalent from fifty to two hundred bundles of rice in the straw, which was to be forwarded in articles of small bulk and of such a nature as would command for them a ready sale at the university town. The rate was, however, finally fixed at one-tenth part of the income of the first year.

The principles of the treatment of disease, as taught by the Chinese school of T'ang, had gradually and so thoroughly permeated the teachings of the learned professors of the land, that it was feared the pure Japanese art, as taught in ancient times by the gods to men, would, ere long, cease to be known or practiced; besides this, in the early part of the reign of the Emperor Heijo (A.D. 806-810), a plague had visited the country, which like that of an earlier day, had carried off many of the youths of the land, and a return of which plague was continually dreaded. The Emperor thinking, therefore, that perhaps the return to the methods of early days, might result in good to his people and avert the threatened evil, ordered Abe no Masanawo and Idzumo no Hirosada to prepare a work on pure Japanese medicine, which they set about, and completed soon after in the third year of this reign, being called the period of Daidō (A.D. 806-809). This work, the *Dai-dō-rui-shu-hō*,[20] or Collection of Methods of the period Daidō, comprising one hundred volumes, contained the formulæ and modes of employment of various medical compounds which had been in use since the days of Ō-na-muchi and Sukuna-hiko-na,[21] and which had been handed down from them, together with a few of the best prescriptions obtained from foreign lands. These formulæ, and the modes of their employment, were collected from ancient records in country villages and Shinto shrines, and from noted houses of country physicians who still practiced according to the old methods, and who had kept the knowledge of these prescriptions secret.

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[16] 新修本草經 New Revised *Hon-zo*. See note 13, p. 273.

[17] 小品 or 小品方 A treatise containing miscellaneous prescriptions.

[18] 明堂 See page 269.

[19] 八十一難經 In addition to note 14, page 261, it may be mentioned that the doubtful questions which this work professed to solve, arose through the obscurity of the *So-mon*, *Rei-su* (page 261) and other works of early date. It was written, it is stated, in the 3rd century B. C.

Besides medical formulæ, this work contained certain laws or regulations relating to physicians, a mention of some of which may not prove out of place here.

Every medical officer was expected, each morning at four o'clock, to feel of his own pulse "that he might discern the spirit of the day"; after which he was required to present himself at court.

During the period of attendance upon the Emperor, no medical officer was permitted to lie with his wife, and an infraction of this rule would render the offender liable to lose his office. He was not permitted to prescribe directly for any of the female attendants of the court. Whenever the Emperor became ill, one physician was selected to treat the case, and any disagreement as to opinion among the court physicians, it was required should be notified at once. The *Dai-dō-rui-shu-hō* was the standard for prescribing; and foreign prescriptions might only be employed in extreme cases, and then only after careful comparison with the methods of this work.

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[20] 大同類聚方, See page 251.

[21] See page 248.

The medical officer of the court was not allowed to drink wine during his attendance upon the Emperor: he was required at all times to avoid intercourse with Buddhist priests, and should he even meet a priest or nun on the street, he would not be allowed to attend court upon the same day. He was also required to study the philosophy of the *In (Yin)* and *Yō (Yang)*, or Passive and Active Essences, to which the Chinese trace the origin of all things. The punishments for infractions of these and other laws relating to medical officers were principally dismission, fines, or imprisonment. For instance, for not following the original prescription as laid down in the *Dai-dō-rui-shu-hō*, that is, as to quantities of the several ingredients, or for making a mistake in writing upon the envelope the text of the prescription and rules for taking it, three years imprisonment and a fine of 80 pounds of copper coins. Should there be any impurity in the medicines offered, or any mistakes occur in the preparation, 60 lashes were inflicted, and a fine of 8 pounds of copper coins required to be paid. Carelessness in the observance of the rules laid down for the preparation of food for the Imperial table, or intentional departure therefrom, was likewise punished severely.

It is said that copies of the *Dai-dō-rui-shu-hō* published in later years, and which are to be seen even at the present day, differ considerably from the original work in numerous omissions and alterations, and in having incorporated much that is of Chinese origin.

A few years after the *Dai-dō-rui-shu-hō* had been completed, Minetsugu, the son of Hirosada, who in the meanwhile had succeeded his father at the court, and had been appointed head of the Imperial Medical College, was ordered, with the assistance of several other physicians, to formulate an eclectic method of treatment of disease by compilation from native and foreign treatises. The *Kin-ran-hō*,[22] or Golden Orchid Prescriptions, consisting of fifty volumes published soon after, was the result of the labors of Minetsugu and his colleagues.

The forced reform in medical practice attempted by the Emperor Heijo was, however, short lived, for his successor the Emperor Saga so successfully encouraged the introduction of Chinese literature and ceremonial observances, that Chinese medicine has ever since flourished, while the so-called pure Japanese art has become less and less known.

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[22] 金蘭方 The Kin-ran is the Cephalanthera falcata, *Lindl.*

It is mentioned in history that during the reign of the Emperor Saga, and about the year A. D. 820, five persons skilled in the practice of acupuncture were at that time attached to the Imperial Palace. They received a monthly allowance and were required to read the following works: the *Shin-shiu-hon-zo-kiyo*,[23] compiled under the T'ang Dynasty,[24] the *Mei-do-kiyo*[25] and the *Riu-shi-ki-shi-hō*,[26] also certain works upon medicine; the *Sen-kin-hō*,[27] the *Sho-hin-kiyo*,[28] the *Shu-ken-hō*,[29] and the *Ko-sai-hō*.[30]

In the year A.D. 838, being the 5th of Showa, a physician named Sugawara no Kajinari was sent to China for the purpose of study. After his return a few years later he acquired a great reputation in acupuncture, and was soon appointed to be attendant physician upon the Emperor. Later, Monobe no ason Kōsen of Iyo, a man of extensive reading and great learning, was made head of the Imperial Medical College; he was the first to draw attention to the importance of the study of hygiene, and from the great interest he displayed in this subject, upon which he wrote a book of some 30 volumes, he has been called the "Father of Hygiene."

In the period called Tencho (A.D. 824-834) a charity hospital was established by Fujiwara Fuyutsugu for the medical care of the sick. This, however, is not the first mention in history of the establishment of a place for the treatment of the sick, for, as already stated, bureaux for the distribution of medicines and food to the poor were established in the reign of Empress Suiko; and later, in the reign of Shomu Tenno, A.D. 730, the first dispensary was established.

In the year A. D. 984, in the reign of the Emperor Yenyu, Tamba Yasuyori, a professor of acupuncture, completed the *I-shin-hō*,[31] a work comprised in some 30 volumes, and compiled from over 100 different Chinese medical works of the time of the Sui and T'ang Dynasties, A. D. 589-907, and containing numerous discussions on the causes of disease, together with methods of treatment. It also contained, as an appendix, the works known as *Hon-zo*,[32] *Ya-ku-sei*,[33] and *Mei-dō-ko-ketsu*,[34] together with notes on foods and hygiene.

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[23] 新修本草經, A New Revised Botany. See page 273. [24] By 李世勣

[25] Now known as *Mei-do-miyaku-ketsu*. See page 273.

[26] 劉涓子鬼遺方, A treatise on Surgery.

[27] 千金方, A collection of most valued prescriptions.

[28] 小品經, See page 261.

[29] 集驗方, A collection of prescriptions.

[30] 廣濟方, These three last mentioned works are now only known through quotations from them in the *I-shin-hō* 醫心方 and *I-riyaku-shiyo* 醫略抄, compiled by Tamba Yasuyori and Tsunetada.

[31] 醫心方.

At this time a medical work compiled from the *So-gen-hō*[35] of the time of the Sui Dynasty, China, (A. D. 589-616) was much read throughout the whole of Japan. This work, known as the *Biyo-gen-koron*,[36] consisted of 67 volumes or divisions, and contained 1720 discussions upon the causes of disease. Previous to this, and in the period called Yengi A. D. 901-923, the following works were published by Fukane Sukehito: *Yo-jo-sho*,[37] a work on hygiene in seven volumes; *Sho-chiu-hō*,[38] mentioned in the *Rei-ran-shu*,[39] as containing many curious things touching the action of medicines, and the *Hon-zo-wa-miyo*,[40] or the *Hon-zo* with Japanese names.

Until the time of the Emperor Go-Shirakawa, A.D. 1156, the country had not been so troubled with internal strife as to materially interfere with the peaceful pursuits of art and literature; however, from the beginning of this reign until the accession to power of the first of the Tokugawa Shoguns, the country was, from time to time, the scene of bloody wars; and although there were periods of tranquility, the progress of medicine, and especially that of the Chinese school, was greatly retarded. Indeed, the latter half of this period of medical history may rightly be described as one of decay. Glancing over the political history of this period, certain events stand out with prominence as playing a special part in its medical history. These are: the wars of Hogen (A.D. 1156), and Heiji (A.D. 1159), and afterwards, of Yoshinaka in the north, and Yoritomo in the east; the successive accession to power of the Taira, Minamoto, and Hōjō families, the war of Genkō, the establishment of the Ashikaga line of Shoguns and the war of Ōnin (A.D. 1467-8), during which the city of Kiyoto, then the principal seat of learning, was almost destroyed. In this latter event, medical science received a most severe blow; to which blow the increased influence of Buddhism seems to have lent considerable force. With the accession to power of Hideyoshi, however, came a partial respite; but the influence of war did not even then die out, nor did medical art make much progress, save in the increase in knowledge of foreign medicines brought to Japan through Hideyoshi's invasion of Korea.

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[32] 本草 See page 273.

[33] 藥性, On the medicinal qualities of remedies.

[34] 明堂孔穴, On acupuncture.

[35] 巢元方, (Chou-yuên fung) compiled by So (Chow) and Gen (Yuên).

[36] 病源候論, Kochi Zensetsu states that this work contains no mention respecting remedies to be employed.

[37] 養生鈔,

[38] 掌中方

[39] 靈蘭集, See page

[40] 本草和名

These wars, disastrous indeed, were not, however, without some benefit to the surgeons of these and subsequent times, for they increased their experience in the treatment of wounds and injuries received in battle; while the ranks of the profession were reinforced by not a few men, famous at arms, who became interested in the art of surgery and medicine and eventually took up its practice. Among such was Nikki Ukiyo, a follower of the Shogun Yoshiaki, (A.D. 1568-73), who, having left his master, settled in Harima, shaved his head, changed his name to Nikki Riyonin, and soon became very famous on account of his great skill in curing diseases. Hosokawa Katsumoto,[41] although not a physician, left behind him, as a monument of his labor and patience, the book called *Rei-ran-shu*,[42] a collection of extracts from numerous medical works of that and preceding times, and written in mixed Chinese and Japanese character, (Kana-majiri).

Among the most prominent families which furnished the country with able physicians during this period of medical history, and especially before the time when the sovereigns of Japan reigned at Nara (A. D. 710-784), we find the names of many descended from foreigners, who had come to Japan and become naturalized citizens of the country. The son of Chisō[43] become Yamato no kusushi no ōmi,[44] the son of Oku toku, the Korean, became Mitoribe no kusushi no ōmi;[45] the descendants of

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[41] He became *Kuwan rei* under the Ashikaga Shogunate in 1446, and attained great power.

[42] 靈蘭集.

[43] See page 262.

[44] Chief physician of Yamato.

[45] Chief physician of Mitoribe.

Keijitsu,[46] became Naniwa no Kusushi,[47] and the descendants of Tsukuru (Do chu-en), a Chinese, became Hachida no Kusushi.[48] Riu no Taniwa or Tamba, was descended from Rei-tei (Lin-te) A.D. 168-190 of the Han Dynasty in China. Hada no Koremune was a descendant of the first Emperor of the Sui Dynasty, A.D. 589-618. The famous families, however, were not all of foreign descent; and one of these, that of Wake (和氣), deserves special mention, for from it sprang men whose great learning and skill gained for them during the middle ages a lasting reputation, and who, with the descendants of Riu no Tamba mentioned above, were leaders of their profession during many centuries. The family of Wake was descended from the Emperor Suinin (B.C. 29). Hiroyo, the first of the family, who attained great celebrity in medicine, was the eldest son of Kiyomaro[49] the patriot. He took up literature as a pursuit, and, after having suffered imprisonment for being implicated in some offence against the government, in the year A. D. 785, he was restored to favor and later received the appointment of Director of the University. Here he was instrumental in obtaining an appropriation of land for the encouragement of education. He established a course of lectures upon the *Mei-kiyo*,[50] and also delivered discourses upon the *In* (*Yin*) and *Yō* (*Yang*) of Chinese philosophy. Among his productions were new compilations of the works known as *Yaku-kiyo*,[51] and the *Tai-so-kiyo*.[52] Shigure, a great-grandson of Wake no Kiyomaro,[53] also attained to considerable eminence in his profession. He received the title of I-hakase, or professor of medicine, and Shin-hakase, or professor of acupuncture, and in the year A. D. 957 became head of the Imperial Medical Department. Among the most noted of those who lived after the time of Shigure was, Narisada, a descendant of the

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[46] See page 263.

[47] Chief physicians of Naniwa in Central Japan.

[48] Chief physicians of Hachida.

[49] A Minister of the Empress Kōken, exiled in A.D. 769.

[50] Mei-do-kiyo? See page 269.

[51] 藥經 [52] 太素經 See page 269.

[53] See note 49.

5th generation, who was called the Yamato or Japanese Henjaku.[54] Several generations after Narisada, there lived one named Tsunenari, who became chief of the Imperial Medical Department, and who possessed more than ten thousand volumes[55] of medical works. Unfortunately this family library was destroyed by fire during the war in the period Ōan, in the year A. D. 1370, it having been removed to the Imperial Palace for safety.

Akishige, several generations later, became the head of the Medical Department, and was also appointed chief of dispensaries. He was adopted while a youth by Tamba no Shigenaga, from which time the Wake and Tamba families were united. Akishige changed his name to that of Sōkan, and shaved his head; and the custom thus established of shaving the head has ever since been observed by this family. After Sōkan, the names of Akichika and Akihide, the grandson and great grandson of Sokan, deserve mention. The former of these physicians, Akichika, went to China in the period Yeisho, A.D. 1504-1520, and it is said, having cured the Emperor of a grievous disorder, he gained great reputation in that country. After the time of Akihide the family name was changed to Nakai.

The family of Tamba, frequently mentioned in these notes, claims that it is descended, as it has been already stated, from the Emperor Rei-tei (Lîng-té)[56] of the Han Dynasty. The family estate was in Yatagōri in the province of Tamba, from which the family took its name. Yasuyori[57] was the first to receive the title of Sukune, became professor of acupuncture and compiled the *I-shin-hō*,[58] and afterwards wrote the *Shin-i-hō*.[59] Later, and during the time of Masatada, descendant of Yasuyori, about A.D. 1080, the Queen of the Korean King was taken ill, and the skill of the native physicians not availing, a messenger with numerous presents was despatched to Japan, with the request that a physician be sent to Korea. The request, however, was refused by the Central Government on the ground that it was not couched in respectful terms. It is stated by some, that Masatada, who had become famous, was the physician whom it was desired should be sent; but Mr. Kaku in the *Ko-koku-i-ji-yen-kaku-shō-shi*,[60] seems to be of a different opinion. After Masatada, Shigeyasu and Tadayasu were prominent members of this family. The great celebrity of these two families of Wake and Tamba, was based principally upon their skill in treatment of sores and wounds by cauterization.

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[54] 扁鵲 Pien Ch'io, an ancient Chinese physician spoken of in the Historical Record. "It is said of him, that on one occasion he received from a genius medicine and a medical book, and was instructed to drink the dew from bamboo trees for thirty days, at the end of which time his knowledge became perfect."—William Scarborough in "Chinese Proverbs." Henjaku was the author of the famous *Nan-kiyo*. See note 14, p. 261.

[55] It should be born in mind, that Japanese books, until recently, were printed (and often in large type) on only one side of the sheet, the blank side being folded inward; and that they were divided into small volumes, or fasciculi, of from 50 to 100 pages each; so that even such large works as the *Hon-zo*, usually divided into 50 or 60 volumes, if printed in ordinary type and on foreign paper, would probably be contained in an 8vo volume of 500 pages or less.

[56] 靈帝.

[57] See page 277.

Among other families which produced great physicians, is to be mentioned that of Kushimoto, Shinto priests of Watarai, in Ise, who for many generations exercised the double function of priest and physician.

Other notable physicians of these times were Taketa Shōkei, Kaneyasu, a descendant of Tamba Yasuyori, Jochin, Kajiwara Shozen and Yoshida Sōkei. Of Taketa Shōkei, it is said that he went to China in the year A. D. 1369, and returned nine years later, having thoroughly acquainted himself with the methods of the Chinese physicians. Kajiwara Shōzen, who served under the Shogun Yoshimitsu (A.D. 1368-1408), wrote the books called *Ban-an-hō*,[61] or Medical Rules of all Safety, and the *Ton-i-hō*[62] on the methods which effect immediate cure. Yoshida Sōkei visited China in the year 1539, and like Tamba Akichika was called upon to attend the Emperor, the successful result of which made his name famous.

Through his minute acquaintance with botany, he gained the name of Nik kuwa shi or the Japanese Chin jitsu kuwa.[63] His son Sōjun is said to have produced the book entitled *San-rui-hon-zō*,[64] a compiled botany, and his grandson Sōtatsu, a physician to the Shogun Iyeyasu, the *Hon-zō-wa-miyo*,[65] a botany with Japanese names.

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[58] See page 277. [59] See page 277.

[60] 皇國醫事沿革小史, Short History of Japanese Medical Progress.

[61] 萬安方, [62] 頓醫方, In the *Ban-an-hō* and *Ton-i-hō*, numerous quotations, are made, Mr. Kochi Zensetsu states, from a work called the *Wa-sai-kiyoku-hō* 和劑局方. This work, much read at the time in both China and Japan, was compiled by Imperial command by one *Chin-shi-bun* 陳師文 (Ch'în sze wân) during the time of the Sung Dynasty and in the period Yuên paŏu (A.D. 1078-1085).

During the period under consideration the various theories held by the Japanese in regard to the cause of disease and its treatment, may be briefly summed up in a few lines. In the early portion of this period, disease was attributed to two causes; namely, evil spirits, and food and drink; those diseases which were cured by prayers and incantations were considered as belonging to the first class, and all others to the second. Later, all disease was attributed to wind and cold, so that even in sthenic fevers stimulating medicines were exclusively employed.

At a still later day, the belief in the theory that, heat and moisture were the true causes of disease, became quite general.

In practice, it seems that small-pox and intermittent fever[66] were classed under the first of the above mentioned heads, for it was held that there dwelt a spirit in the one and a demon in the other; indeed, intermittent fever, we are told, was known as *warawa yami*, or the demoniacal disease, while nervous diseases were called *mono-noke*, and were supposed to be caused by the evil spirits of the dead and by demons. In the treatment of these diseases, therefore, exorcism was an important factor, while medication held but a secondary place. Indeed such was the importance attached to this mode of treatment at one time, that a professor of exorcism was appointed to the Imperial Medical College.

For disorders of the second class, and especially for sores and bruises, as well as internal diseases, cauterization by the moxa was largely employed. In fevers, cold water was sometimes used, the modes of applying it being three, namely, immersion in a bath, by a kind of fine shower bath, and by pouring cold water over the patient. Cold baths were also used for sores, boils, and eruptive skin diseases in general.

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[63] 陳日華, (Ch'în jih hwa) a Chinese who compiled a work on botany during the first reign of the Sung Dynasty (A.D. 960-1127).

[64] 纂類本草.

[65] 本草倭名.

[66] The English equivalents of the Chinese names of diseases have been found in the *Kan-yo-biyo-mei-tai-shō-roku*, a Dictionary of Chinese, English and Japanese names of diseases.

That the condition of the pulse still held a very important position as a means of diagnosis among the physicians of the latter portion of this period, may be judged from the following incident taken from the *Tai-hei-ki*[67] or Annals of Japan, wherein it is related, that, on a certain occasion, the wife of Ashikaga Sahiyoye-no-kami, Tadayoshi, having been taken severely ill, a number of skilful physicians from the famous schools of Wake and Tamba were summoned to attend, and each was required separately to diagnose the case and suggest a mode of treatment.

The first, after carefully feeling the pulse of the patient, attributed the disorder to cold, and recommended certain medicines suited to meet this condition, believed by him to be present. Another, who believed all diseases to be due to a morbid condition of the mind, diagnosed this case to be due to such a cause, and prescribed accordingly; a third, located the disease in the abdomen, and recommended certain herbs as useful in curing the disorder.

These various opinions, however, resulting in no benefit to the patient, a physician from the Imperial Dispensary was summoned, who declared after long deliberation, that the pulse he felt, was that of pregnancy, and furthermore, that the child born would be a boy; and so it proved to be!

The following remarks, taken from the *Shakuso-o-rai*, as quoted by Mr. Kaku Kashiro, throw some light upon the condition of medical knowledge at the close of the period under consideration.

"It seems that two schools of physicians, Wake and Tamba, are making new experiments in their art, notwithstanding the antiquity of their families; and now it comes to pass that medicines which they employ are nearly all new and imported; such as:

Ninjin	人參	Panax Ginseng,
Riūnō	龍腦	Camphor,
Ketsunan	竭南	(血) Dracaena draco,
Mokukō	木香	Inula Helenium, *L.* (?)
Shukusa	縮砂	Amomum minor,
Riyokiyo	良姜	Alpinia Galangas, *Sw.*,
Keishin	桂心	Heart of the Cinnamomum Loureirii, *Nees*,

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[67] 太平記

Kanzō	甘草	Glycyrrhiza echinata, or G. glabra,
Senkiū	川芎	Conioselinum univittatum, *Turcz.*,
Tōki	當歸	Ligusticum acutilobum, *Sieb.* et *Zucc.*,
Hazu	巴豆	Croton Tiglium, *L.*,
Daiwo	大黃	Rheum undulatum, *L.*,
Kotan	虎膽	Tiger's gall (?)
Shinsha	辰砂	Cinnabar (from Shiu-cheu fu, *Williams*),
Ōwō	雄黃	Realgar,
Nerimitsu	煉蜜	Clarified honey,
Sanyaku	山藥	Dioscorea japonica, *Thunb.*,
Giushitsu	牛膝	Achyranthes bidentata, *Bl.*, *var.* japonica *Miq.*,
Kengoshi	牽牛子	Pharpetis trilobu, *Miq.* (Seed),
Kōbushi,	香附子	Cyperus rotundus, *L.*,
Shiso	紫蘇	Perilla arguta, *Benth.*,
Keigai	荊芥	Chenopodium ambrosioides, *L.*,
Kankatsu	乾葛	Pueraria Thunbergiana, *Benth.*, (?),
Kōboku	厚朴	Magnolia hypoleuca, *Smith*,
Kippi	橘皮	Citrus aurantium, *Smith*,
Kushin	苦辛	Sophora augustefolia (?),
Biyakujutsu	白朮	Atractylodes alba, *Smith*,
Jiwō	地黃	Rehmannia lutea, *Maxim.*,
Rokujo	鹿茸	Hartshorn,
Sekkuwai	石灰	Lime,
Kankatsu	甘葛	Sweet *Katsu* (a kind of dolichos—*Williams*),
Giuwō	牛黃	Cow bezoar,
Hakukuwada	白花蛇	The skin of the white spotted snake."

"You possess these medicines, and so I do not send them to you. As to the pharmaceutical apparatus, such as dishes, mortars, cutters, sand-bath, sieve, etc., you have them I have no doubt. As I have heard the men of the present age all carry with them such medicines as these, and to be without which one must be ashamed.

Sogōkō	蘇合香	Rose-malœs, a kind of liquid storax obtained from the liquidam tree, and the Altingia excelsa, *Willams*,
Riū nō yen	龍腦圓	Camphor pellets,

Chinja yen.	沈麝圓	*Chinja* pellets, a medicine used in all painful nervous diseases.[68]
Toshishi yen	兎絲子圓	Cuscuta japonica pellets,[69]
Akada yaku	阿加陀藥	
Rōcha	蠟茶	Roasted tea.

"As to the emetic Kănō yen 感應圓, it is an excellent medicine for

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[68] The writer is indebted to Drs. Kushibe and Shingu of Tokiyo, and to the Central Sanitary Bureau, for the substance of the following explanations, relative to the medicines mentioned above and hereafter. The English and Latin names of diseases given here and elsewhere, are, as already noted (p. 283), only approximate equivalents, and are, for the most part, found in the *Kan-yo-biyo-mei-tai-sho-roku.*

As to the ingredients of Chinja yen, neither of the several sources of reference within the writer's reach, state at all clearly. There is, however, a medicine called *Shin-sen-chinja-guwan*, or the heavenly-mountain-sprite *chinja*-pellets, which contains the following ingredients:—

Motsu yaku 没藥 Myrrh,
Ketsuketsu 血竭 Dragon's blood, a sort of dry red resin used as a pigment, and obtained from the fruit of the *Doemonorops* [Calamus] *draco*, a kind of palm found in Sumatra; *Williams*,
Jakō 麝香 Musk,
Shinsha 辰砂 Cinnabar from Shin-cheu fu in Hunan, *Williams*,
Mōkukō 木香 Inula Helinum, *L.*,
Kanzō 甘草 Liquorice, *Smith*,

These should be reduced to powder. The liquorice should be boiled until it becomes glossy, then mixed well and made into small pellets, one of which is a dose and should be masticated well and swallowed with a draught of a decoction called *Kiyo-yen-to* (姜鹽湯) ginger and salt decoction.

[69] This remedy is composed of the following substances:

Toshishi 兎絲子, Cuscuta japonica, *Chois*,
Rokujō 鹿茸,
Nikkei 肉桂 Cinnamon,
Sekiriūhiyō 石龍芮 Ranunculus scleratus *L.*,
Bushi 附子 Aconitum Fischeri, *Reichenb.*,
Takusha 澤瀉 Alisma plantago; eight ounces each,
Hageki 巴戟,
Bōfū 防風 Siler divaricatum, *Benth*, et *Hook.*,
Nikushuyō 肉蓯蓉 The fleshy roots of one of the varieties of a plant allied to the *Cynomorium*, a fungoid plant much esteemed, sometimes used in the preparation of soups, and also as a remedy in colic, *Williams*,
Tōchiū 杜仲 Euonymus japonicus, Thunb.;

cholera sporatica, while Kikokusan 鬼哭散[70] is the best in intermittent

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Uikiyo	茴香	Foeniculum vulgare, *Gaertn.*,
Jinkō	沈香	Aquilaria Agallocha, *Roxb.*,
Bukuriyō	茯苓	Pachyma cocos, *Smith*,
Sekikoku	石斛	Dendrobium moniliforme, *Sw.*,
Zokudan	續斷	Lamium album, *L.*, *var.* barbatum,
Sanshûyû	山茱萸	A sort of dog-wood (*Cornus officinalis*) used as a vermifuge and in fevers, *Williams.*
Hô kotsushi	補骨脂	Perhaps the same as Kôtsu hôshi 骨補脂. Psoralea corylifolia.
Jūkûjiwō	熟地黄	Rehmannia lutea (mellow root),
Hitsuchoka	蓽澄茄	Cubebs, including, probably, the seeds of the *Cubeba* and *Daphnidium*, (*Williams*) about one scruple each,
Sōhiyōshō	桑螵蛸	A chrysalis having a woolly envelope like that of the mantis, *Williams*,
Gomishi	五味子	Red berries of the *Kadsura Chinenses* or *Japonica*, called in Japan the *Sane* or *binan-kadzura*.
Fukubonshi	覆盆子	Rubus Tokkura, *Sieb.*,
Kiūkiū	藭芎	Conioselinum univittatum, *Turez.*, 4 oz. each.

These substances are to be reduced to a powder, moistened with *Sake* (a kind of rice-wine containing about 16 per cent of alcohol), and made into a paste with wheaten flour. The paste is then made into pellets of the size of the seed of the *Eloeococca verrucosa*. These pellets are to be taken either with warm *sake* or a hot solution of salt.

This compound is used in the following disorders: diseases of the kidneys; in the five kinds of consumption (of the lungs); the seven kinds of fever; in spasm of the smaller intestines; irritating pain in the four extremities; when the face is jaundiced; when there is dryness of the tongue or lips; amblyopia, tinnitus aurium; in palpitation of the heart, or excitement of the mind; in nightmare, or sudden fright; when suffering from mental prostration; in sudden joy, or anger; when one is melancholy, and takes delight in nothing; when food seems tasteless, and water does not refresh; when there is dropsy of the heart and abdomen, paralysis or weakness of the legs and knees, turbidity and frequency of the urine; impotency, eczema of the thighs, dysuria, stricture, bloody urine or incontinence.

[70] Kikokusan contains:

Ninjin	人參	Panax ginseng, 4 oz.,
Jōsan	常山	Orixa japonica,
Bukuriyo	茯苓	Pachyma cocos,
Nikkei	肉桂	Cinnamon,
Kanzō	甘草	Liquorice; each 8 oz.

These are reduced to powder and 4 *sen*, (2½ grains?) which, together 8 *pun* f fever. In treating boils, Goko 五香[71] and Rengiyoto 連翹湯[72] are most efficacious.

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sen (about 52 grains ?) of a kind of *sake* called *mukuwaishu*, constitutes a dose. It is used for colds, for intermittent and other fevers, and should be taken cold, and especially whenever there is a sense of sinking at the heart.

[71] Probably Gôkōsan 五香散; which contains the following five substances :

Jinkō	沈香	Aquilaria Agallocha, *Roxb.*,
Chōkō	丁香	Eugenia caryophyllata, *Thunb.*,
Mokukō	木香	Inula Helinum, *L.*,
Niūkō	乳香	Olibanum, *Hepburn*,
Kuwakkō	藿香	Betony or bishopwort, (*Lophanthus rugosus*), also applied to *Betonica officinalis*, *Williams*.

Equal weights of these substances are boiled in a cotton or raw-silk bag. It is stated, that it is better to employ musk instead of the bishopwort.

Gōkōsan has been mostly used, it is said, by the physicians of more recent times for diseases of children. In the *Wa-zai-hō* (page 282) it is stated that this medicine depresses or elevates the several *ki*, or spirits, and restores to health the organs of the *San-shō* (三焦 the parts of the body between the heart and groin, regarded as one of the six viscera, and are imaginary organs or passages, which are supposed to encircle the cavities of the thorax and abdomen, and connect the viscera ; Chinese physiologists have used them as a convenient force to explain the obscure operations of digestion and secretion, and say that they have no form. *Williams*). Gôkōsan also removes obstructions, dissipates evil fevers and the bad influences of the pent-up spirits of the *In* and *Yo*, also the poisons of various fevers, pains of boils, and the glandular swelling of scrofulosis.

[72] Rengiyō-to or decoction of Rengiyo is composed of the following substances :

Rengiyō	連翹	Forsythia suspensa, *Vahl.*,
Shōma	升麻	Cannabis sp.,
Bōshō	芒硝	Saltpetre, about 64 grains each,
Gensan	玄參	Ginseng sp ?
Shakuyaku	芍藥	Pæonia albiflora, *Pall.*,
Hakuren	白蓮	Vitis serjaniæfolia, *Bunge*,
Bōi·	防已	
Yakan	射干	Pardanthus chinensis, *Ker*, 51 grains,
Daiwo	大黄	Rheum undulatum, *L.*, 70 grains,
Kanzō	甘草	Liquorice, 38 grains,
Kiyōnin	杏仁	Seed of the sour plum, 80 seeds.

These substances are to be placed in about 4½ gallons of water and boiled until but 1½ gallons remain. It is directed that the saltpetre, rhubarb, and the two following substances, shall be added in three portions. This compound is used to cure mastitis following parturition, and also in the treatment of carbuncle.

"The methods of treatment of disease, and means of preservation of life, seem to be diverse, while there are various modes of manipulating the body, of administering medicines by the mouth, of acupuncture, and cauterization; but there is nothing better than the leech[73] for curing small sores, and nothing better than the hot springs for the treatment of apoplexy and kakké (beri-beri)."

The employment of the *moxa* as a cautery, referred to above, has been known to the Japanese, and practiced by them in the treatment of a variety of diseases, since ancient times. Kaempfer has given us in his History of Japan an excellent description of the mode of preparation of cones from the leaves of the *Artemesia vulgaris latifolia*, as well as the manner of applying this cautery, together with certain valuable observations upon the same. Besides this, several notices respecting the Japanese *moxa* have appeared in English and German. As these, however, may not be readily accessible, the insertion here, without going more fully into the subject, of a translation of the *Kiu-shiu Kagami*, or rules for the employment of the *moxa*, as given by Kaempfer, may perhaps not prove out of place. It reads as follows:

"CHAPTER I.

"1. In headache, swimming of the head, fainting fits, in *jōki*, or rush of blood to the head, in dimness of the eyes occasioned by a too frequent attack of *jōki*, in pains of the shoulder after headache, in asthma and shortness of breath, it is proper to burn that part of the human body which is called *kokō* (over the scapula).

"2. In distempers of children, particularly swellings of the belly, loosenesses, loss of appetite, in itch, and ulceration of the nose, as also in shortness of sight, the region of the fourteenth vertebra must be burnt on both sides with fifteen or sixteen cones, leaving about two and one-half inches distance between the two places which are to be applied to.

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[73] Mention is made in Japanese history of the employment of the leech in medicine as early as A. D. 732, and it is not improbable that it was known and employed long before that time.

"3. In the *shaku* (cramp of the uterus ?), in the *senki* (enteralgia), and in *subako* (a kind of uterine disorder), you must burn both sides of the navel at three inches distance.

"4. In the obstruction of the menses, and in fluxes; in whites, in piles, and the ulceration of haemorrhoids, and in the *tekagami* (an intermitting sort of cold, attended with pain and heaviness in the head) you must burn the place called *kisō* on both side with five cones. To find out this place, you must measure from the navel straight down, five inches, then sidewards at right angles, 5 inches on each side; so that there be ten inches (9.6 in.) distance between the two places to be burnt.

"5. In a difficult delivery you must burn three cones on the extremity of the little toe of the right foot. This will give instant relief, and promote the delivery.

"6. In want of milk in nurses, five cones must be burnt between the two breasts in the middle.

"7. In arthritic pains and rheumatism, in pains of the legs, as also in strangury, or retention of urine, you must burn eleven cones on the thighs about three inches above the knees (or on the place for issues).

"8. In swellings and pain of the belly, in pain at the heart from a quotidian fever, in pain of the stomach and loss of appetite, you must burn six cones above the navel. The place which you are to burn must be five inches distant from the navel, in a straight line upwards.

"9. In pain of the hips and knees, for weakness of the legs in particular, and of all the members of the body in general, you must burn the place called *jushi* (*jushi* is that place on the thighs which one may reach with the extremity of his middle-finger, holding his hand straight downwards in a natural situation).

"10. Those who have a hardness and swelling in the hypochondria, as also those who have frequent shiverings, or relapses of putrid fevers, must be burnt in the place called *shomon* (just beneath the last false rib on each side).

"11. In urethritis you must burn in the middle of the place called *jakumon* (midway between the navel and the *os pubis*).

"12. Those persons who are subject to colds, bleeding at the nose, or swimming of the head, will find great benefit if they cause from fifty to an hundred cones to be burnt successively in the place called *jinmon* (the region of the *os sacrum*).

"13. Those who are troubled with tumors and ulcers in the anus, must have one cone burnt three and one-half inches from the extremity of the *os coccygis*.

"14. In the procidentia ani, the *os coccygis* itself must be burnt.

"CHAPTER II.

"1. Shinjin (the spirit of the stars) lodges in the spring about the twelfth vertebra, in summer about the eighth, in autumn about the sixth, and in winter about the seventeenth, and near both hips. For this reason care must be taken not to burn any of these places at the times above mentioned.

"2. Upon the turning of the four seasons of the year, you must avoid burning either the place called *shomon*, or the seventeenth vertebra, because, instead of being beneficial, it would rather prove hurtful, and increase the distemper.

"3. You must entirely abstain from burning in rainy, wet, or too hot weather, and on a cold day.

"4. You must not lie with your wives three days before, and seven days after the burning.

"5. Angry, passionate people must not be burnt before their passion is calmed; weary people, and those who are just come from their work, must not be burnt till they have rested themselves. The same rule is to be observed as to hungry people, or such as have eaten too much.

"6. People must abstain from drinking of *sake* (a spirituous liquor brewed out of rice) before they are burnt, but after the operation has been performed, it is not only safe but advisable to partake thereof, because it promotes the circulation of the spirits and the blood.

"7. Great care must be taken not to go into a bath of sweet water for three days after the operation.

"8. Medicines should be given to cure the distempers incident to our body, and the burning with the *moxa* should be ordered to preserve us from them. For this reason, even those who are otherwise in a good state of health, should be burnt twice a year—once in the second month (March), and once in the eighth (September). (The proper days for burning, and which are favored by the influence of the stars, are set down in their almanacs).

"9. You must feel the pulse before you burn. If it be too quick, you must act prudently, because that shews that your patient has got a cold.

"10. The places to be burnt must be measured by *shaku* and *suns*.[74] The length of the *sun* must be determined from the middle joint of the middle finger; in men in the left, and in women in the right hand.

"CHAPTER III.

"Women who have done child-bearing must have three cones burnt on the navel.

"CHAPTER IV.

"Women that would be glad to have children, must have eleven cones burnt on the side of the twenty-first (*i.e.* twenty-fourth) vertebra."

As explanatory of the above, it should be mentioned, that the little cones of mugwort rolled between the thumb and first finger, are placed upon the part to be cauterized, while the subject, if the place selected be the back, sits cross-legged, or upon his hams, upon the floor, with the body inclined forward. The cone is then ignited at its extremity, and by the time it has consumed away to the base, a cauteric effect has been produced upon the skin beneath.

In selecting the places most suitable for the application of the *moxa*, among other things, proximity to veins, arteries, and tendons, is to be avoided.

Frequent reference having been made in these notes to the medical theories and literature of the ancient Chinese, a brief notice of the subject, for the purpose of rendering more intelligible what has already been stated, as well as that which follows, may not seem here out of place.

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[74] The Japanese measure of length, the *sun*, in the foregoing, has been, for convenience' sake, reduced to English inches. A few other alterations in the text have also been made, and some of the less important notes of the translator omitted. Unfortunately, not having the original before him, the writer is unable to identify some of the medical terms used in the translation.

Such a notice by one Paou Tso-Hwang[75] recently appeared in the *Han po*,[76] a Chinese newspaper published at Shanghai, and as it reviews the subject from a modern Chinese standpoint it is not without interest. Its most important portions are given here in translation.[77]

"Medical art, as known to the ancient Chinese, owes its origin to the Emperor Shin-nō;[78] who having tasted of grasses, plants, and trees, became acquainted with their properties, and which knowledge he made use of in curing disease. He wrote a book on botany called the *Hon-zo*,[79] which is also called *Shin-nō-kiyo*,[80] and is widely read even at this day.

"When the Emperor Ken-yen[81] ascended the throne, he conducted the government wisely; he sat in the hall called *Mei-do*,[82] made observations upon the ultimate end of man, and first recognized and named the five virtues—Charity 仁, Righteousness 義, Propriety 禮, Wisdom 智, and Fidelity 信. He held that human life has its back, so to speak, turned towards the *In* (*Yin*) or Passive Essence, while it embraces the *Yo*, (*Yâng*) or Active Essence, or Principle; that it requires food which is of five kinds of taste, also clothes of five colors;[83] it is exposed externally to the stimulation of heat and cold, and is internally subject to the emotions of joy or anger; and concluded, that there are many remediable sicknesses, as well as many premature deaths. With the assistance of his teachers, Ki-haku, and Ki Yu-ku,[84] he sought out the laws of heaven and earth,[85] and investigated the principle of the five elements,—water, fire, wood, metal, and earth, as compared with objects found in the world outside of the body, as well as within it. Reasoning thus with each other, they established the laws of medicine, which have through many ages been of great benefit to mankind. From this source, Rai-ko[86] received medical instruction, and the *Nai-kiyo*[87] was also produced.

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[75] 鮑佐桓 Hō Sa Kuwan.

[76] A copy of which has been kindly furnished the writer by Mr. Shên Toh Interpreter to the Chinese Legation at Tokiyo.

[77] For convenience in reference, the names of Chinese authors and medical works mentioned in this notice, have been given (as elsewhere in these notes) in accordance with the Chinese-Japanese pronunciation of the same (i. e. in Sinico-Japanese). Whenever the Chinese pronunciation, however, is given, the system of transliteration employed by Wylie, in his Notes on Chinese Literature, has been followed.

[78] 神農, Shîn-nûng; said to have invented the plough, and to have begun to reign 418 years after the deluge.—(*Williams.*)

[79] 本草, *Pun ts'aou.* (See page 272.)

[80] 神農經., The Classic of Shîn-nûng.

[81] 軒轅, Hien-yuen, the proper name of Hwâng-tê (Kō-tei). See page 261.

[82] 明堂, See page 269.

[83] The five tastes or flavors, according to Mayers, are—salt, bitter, sour, acrid, and sweet; and the five colors—black, red, azure (green, blue, or black), white and yellow.

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[84] 岐伯 and 鬼臾區.

[85] The author here gives in a note the following explanation: "By the "laws of heaven," are meant the laws of the movements of the sun, moon, and stars, the blowing of the wind, the falling of rain, frost and snow; and by the "laws of earth," the laws of the four directions, east, west, south, and north, of lands, rivers, mountains, grasses, trees, etc. The objects which engaged their attention in the world around them, as external to the body, were such as birds, beasts, grasses and trees. Thus for instance, the spirit (氣) of birds and beasts is comparable with fire (火); their blood with water (水); the bones with metals (金); their fins (?) with wood (木); their flesh with earth (土). These all are endowed with the sensibility to joy, anger, sorrow, and pleasure. Considering the grasses and trees, we find them also endowed with certain natural characteristics. The branches, roots, leaves, flowers, and fruits, all have their special forms: they flourish at one time and at another decay; they bloom at one time and at another wither away; it is the law of their nature. The human body is considered as composed of five elements, comparable with the five external elements already mentioned; the heart with fire, the liver with wood, the lungs with metal, the kidneys with water, and the spleen with earth. Again, comparing the five external elements with the five cardinal virtues; charity corresponds with wood, propriety with fire, righteousness with metal, wisdom with water, and fidelity with earth. Kōtei (Hwâng-tè) discovered these principles from his own body, as shown in the following table:—

Five Internal Organs:	kidney,	heart,	liver,	lungs,	spleen:
Five Elements:	water,	fire,	wood,	metal,	earth:
Five Colors:	black,	red,	green,	white,	yellow:
Four Seasons:	winter,	summer,	spring,	autumn,	doyō."

(Doyō, a period of 20 days in each of the four seasons).

[86] 雷公.

[87] 內經, Interior system.

"This work, the *Nai-kiyo*, was regarded with great respect during many ages, and by the observance of its teachings, errors in treatment have been avoided. In the time of the Chow[88] Dynasty, a man named Shin Kuwa-kuwan,[89] propounded the theory of the six spirits (六氣), which were: negative, positive,[90] wind, rain, darkness, and light: an account of which is given in the *Sa-shi* (左史), a history written by one named Sa (Tsò).

"During the age of Shun-jiu[91] there lived a man named Hen Jaku[92] who elaborated several theories from the *Sa-shi*[93] in a work called the *Nan-kiyo*.[94] In the time of the Western Han Dynasty there lived a man named Sō-kō[95] who thoroughly understood the medical teachings of Hen Jaku. Chō Chiu-kei[96] appeared during the Eastern Han Dynasty, who compiled from the medical theories of *Nai-kiyo*, which he carefully studied, two books known as the *Kin-ki*[97] and *Shō-kan*,[98] leaving out not a single law or principle. Hitherto medical laws only were known; for no rules or methods of treatment had yet been determined.

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[88] 周 [89] 秦和緩.

[90] In the *Shi-sei-shin-gen* 四聖心源 the following description of the six spirits (breaths, or influences of Heaven) is given:

1. 厥陰風木 *Ketsu-in-fu-boku*. Short negative wind wood spirit. Wind is produced by the short or shallow negative woody spirit 厥陰木氣. The wind element of the celestial fire has its counterpart in the wood element of the earth, and in the liver of man: the woody spirit, when melancholy and oppressed, produces wind. The wind and wood elements stand opposed to the internal organs, and are the chief causes of sickness.

2. 少陽相火 *Shō-yō-shō-kwa*. Lesser positive spirit which ministers to fire. Heat is produced by this. In heaven it is heat, and on earth it is fire. In man it is *San-shō* 三焦 (one of the internal organs, the office of which is to take off the useless material from the system, and is divided into upper, middle and lower portions. See also page 288).

3. 少陰君火 *Shō-in-kun-kwa*. Lesser negative controlling fire spirit. Heat is produced by this. In heaven it is heat, and on earth it is fire. In man it is the heart.

4. 太陰溼土 *Tai-in-shū-do*. Greater positive damp earth spirit. Moisture is produced by this. In heaven it is moisture, and on earth it is the ground. In man it is the spleen. The dryness of the stomach cannot counterbalance the moistness of the spleen. It is very seldom that the earth gets dry; but often that it is wet.

5. 陽明燥金 *Yō-mei-sō-kin*. Bright positive drying metal spirit. Dryness is produced by the *Yō-mei-kin-ki* 陽明金氣, bright positive metallic spirit. In heaven it is dryness, and on earth it is metal. In man it is the great intestine.

6. 太陽寒水 *Tai-yō-kan-sui*. Greater positive cold water spirit. Cold is produced by *Tai-yö-sui-ki* 大陽水氣. In heaven it is cold, and on earth it is water. In man it is the bladder. Internal organs which belong to the smaller positive are apt to get cold, and those which belong to the greater positive are liable to fever.

[91] 春秋 Latter part of Chow Dynasty B.C. 1122-255.

[92] 扁鵲

"To Chō Chiu-kei, therefore, is due the credit of having established methods of medical treatment, which, as embodied in his work, have been recognized as the key to the medical practice of all the ancient schools. Indeed, such a man has not been seen since the days of Yen tei Shinno[99] and Kō-tei Ken-yen.[100] Later, Kō Ho-hitsu,[101] in the time of the Tsin Dynasty (A.D. 265-322), wrote the book called *Kō-otsu-kiyo*,[102] whilst Yō Jō-zen,[103] in time of the Sui Dynasty (A.D. 589-619), originated or compiled the work known as the *Tai-so-hen*.[104] In the same age there was a man named Kin Gen-ki[105] who wrote a commentary upon this last mentioned work. Later, numerous commentaries began to make their appearance, when all the writings then extant of the three emperors, Fuku-gi,[106] Shin-nō,[107] and Kō-tei,[108] were, for the first time, clearly explained. From this time there were no premature deaths either among the emperors, or their people; and the happiness of prolonged old age was enjoyed by all, in cities as well as in the country: and thus it came about, that the beneficence of these great and holy men, and especially that of Kō-tei, was extended through many ages.

"The first medical books in China were the *Sô-mon*,[109] and *Rei-sū*;[110]

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[93] 左史 See page 295.

[94] 難經 See page 274.

[95] 蒼公 See page 261.

[96] 張仲景

[97] 金匱

[98] 寒傷 (論)

[99] 炎帝神農 Fire Emperor Shîn-nûng.

[100] 黃帝軒轅 Yellow Emperor Ken-yen.

[101] 皇甫謐

[102] 甲乙經 See page 269.

[103] 揚上善

[104] 太素篇 See page 261.

[105] 金元起

[106] 伏犧

[107] 神農

[108] 黃帝

[109] 素問, See page 261.

[110] 靈樞, See page 261.

the *Yaku-hō*,[111] medical methods, or rules of prescribing, have been written since the Han and T'ang Dynasties (B.C. 206-A.D. 620-907). Those which belonged to the time before that, of Sōkō and Hen Jaku, have, if they existed at all, not been handed down to the present day. Medical books produced after the Sung and Yuen Dynasties (A.D. 960 and 1280) were all supplementary to older works.

"In after ages, how few there have been who have understood the whole extent of medicine; and now that the sources and springs of medicine (the earliest writers) are no longer so generally understood, how few there are who enjoy the happiness of long life!

"Our imperial ancestor, Jun Kō-tei,[112] being filled with pity on account of the sufferings of the people arising from irregularities of the seasons, as to cold and warmth, and also from want of proper hygienic regulations; and in order that the health and happiness of the people might be increased, ordered a compilation to be made of all the works then extant, which work is now known as the *I-sō-kin-kan*,[113] or Golden Mirror of Medical Doctrines."

Besides these, there are many valuable books like the supplementary works of Shiū Yo-shun,[114] the *Kin-ki*,[115] the *Giyoku-kei-kin-ben*,[116] and three commentaries on the *Hon-zo*,[117] *Ben-on-netsu*,[118] by Go Kiku-tsu;[119] the *Rei-sū-Sô-mon*,[120] with explanations published by Chō In-an,[121] and Ba Gen-tai;[122] *Sho-kan-rai-so-shiu*,[123] by Shō Ten-shi[124] and Kei Gaku,[125] *Hatsu-shu*,[126] by Jo Rei-tai;[127] *Ron-on-netsu*,[128] by Getsu Sei-haku;[129] *I-mon-hō-katsu*,[130] by Sho Kiyo-koku;[131] *Jū-hachi-shu*,[132] by Chin Shiū yen;[133] and *On-netsu-kei-i*,[134] by Ō Shi-yū.[135] These books make clear the principles of medicine, and are of great benefit to the world. Medical authorities of more recent times, however, esteem only the *Shi-nan*,[136] by

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[111] 藥方.
[112] 純皇帝.
[113] 醫宗金鑑.
[114] 周揚俊.
[115] 金匱.
[116] 玉經金辨.
[117] 本草.
[118] 辨溫熱.
[119] 呉菊通.
[120] 靈樞素問.
[121] 張隱菴.
[122] 馬元臺.
[123] 傷寒來蘇集.
[124] 葉天士.
[125] 景岳.
[126] 八種.
[127] 徐靈胎.
[128] 論溫熱.
[129] 薛生白.
[130] 醫門棒喝.
[131] 章虛谷.
[132] 十八種.
[133] 陳秀園.
[134] 溫熱經緯.
[135] 王士雄.
[136] 指南.

Rin-sho,[137] *Zen-sho*,[138] by Kei Gaku,[139] and the *I-kuwan*,[140] by Cho shi.[141] The *Shi-nan* consists of numerous medical prescriptions, left in manuscripts by Sho Kō-gen,[142] and collected together and completed by his disciples after his death, and is inferior to such an original work as the *Sho-kan-zen-sei-shiu*,[143] written by Kei Gaku himself. The *I-kuwan* is simply an illustration of the *Nai-kiyo*,[144] written by Chō Yō-ki,[145] wherein the principles of *tai-kiyoku* (太極), the infinites, and *mei-mon* (命門), gate of life (situated in the lower dorsal vertebrae and in the upper part of the *os sacrum*), are exclusively discussed; most of which is fallacious, and has no connection with sickness. The method of treatment is founded upon that of Setsu Chō-shiu,[146] who employed two rules—those of the *roku-mi* 六味 and the *hachi-mi* 八味. The *roku-mi* or six medicines (tastes) were:—

1.	Jiwo	地黄	Rehmannia lutea, *Maxim*,
2.	Jikuchi	熟地	Mellow earth (?)
3.	Yuniku	萸肉	Cornus officinalis (fruit), *Williams*.
4.	Jitai	膩滯	A medicine for indigestion (?)
5.	Onshoku	溫濇	Warm astringent (?)[147]
6.	(?)		

"The *hachi-mi*, or eight medicines were:

1.	Jiwo	地黄	Rehmannia lutea,
2.	Shiuyu	茱萸	Cornus officinalis, *Williams*,
3.	Shioyo	薯蕷	Dioscorea japonica, *Thunb.*,
4.	Omodaka	澤瀉	Alisma plantago,
5.	Bukuriyo	茯苓	Pachyma cocos,
6.	Botanpi	牡丹皮	Paeonia Moutan (bark),
7.	Keishi	桂枝	Cinnamonum Loureirii, (bark),
8.	Bushi	附子	Aconitum Fischeri."

"The two latter substances are acrid and produce heat, so that they should not be employed except in certain cases. Fearing that in after times mistakes might occur in the use of these medicines, Jo Kwai kei[148] wrote the *I-kuwan*[149] in explanation.

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[137] 臨證.

[138] 全書.

[139] 景岳.

[140] 醫貫.

[141] 張.

[142] 葉香巖.

[143] 傷寒全生集.

[144] See page 296.

[145] 趙養葵.

[146] 薛長洲.

[147] The writer is unable to identify these medicines.

"In the works written by Kei Gaku (景岳), and the doctrines of Cho kai-hin (張介賓), taken from the *Nai-kiyo* (内經), as opposed to the views of Shu Tan-kei (朱丹溪), and wherein the theory of the abundance of *In* (Yin), the Negative or Passive Essence, and the deficiency of the *Yō (Yang)*, the Positive, is maintained, there are too many medicines which are warming, and even make hot, and especially in some of the new prescriptions called *hachi-jin*[150] (八陣). All these medicines are of one kind; they assist the *Yo* and oppose the *In*. Now the *In* is the blood, while the *Yo* is spirit (氣). When the spirit is in excess, then it becomes fire; when the *In* is deficient, sickness occurs; when it is exhausted or goes out, death takes place. If therefore we can but retain even a small portion of the fluid, or piece of the body, by so much will the life be lengthened; just as the oil supplies the flame, which will go out when the oil becames exhausted. This principle is clear enough. Hence it becomes of great importance for the physician to lay hold upon the essence, so to speak, of the body, and retain therein its fluids; for those medicines which excite heat, waste away the spirit and the fluids. In the *Nai-kiyo* it is stated, that it is most important to sustain the spirit, and not to destroy the general harmony, or the spirit of harmonized warmth. It is also stated that one kind of water will not quench two fires.

"On looking over the symptoms of disease described in the *Nai-kiyo*, we find nineteen propositions, among which fire is the subject of five, heat of four, and cold of only one. Taking, for example, *sho-kan* 傷寒 (cold sickness, *i.e.* fever resulting from cold): Cold is first felt, which, being transmitted through the system, is converted into heat. Thus it was, that, when asked by Ko-tei (黄帝), the reason that cold taken produces fever, Ki-haku replied, that heat is produced at the extreme point of cold; and therefore, if one gets a cold in winter, he is sure to suffer from feverishness in spring; for, if one is taken sick immediately after being exposed to cold in the winter months, it is *sho-kan*, but if one does not suffer immediately after exposure to cold in winter, but is taken ill in the spring, spring warmth may be set down as the cause.

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[148] 徐洄溪 [149] See page 298.

[150] According to the author now quoted, *hachi-jin*, or eight camps, probably refers to the mode of encampment used by a cebebated Chinese General (諸葛孔明).

"Physicians of the present day do not understand, when they have to deal with *sho-kan*,[151] that it is cold converted into fever as it traverses the system; but, having in mind the idea of cold only, they administer at random such medicines as:

Tōken	豆巻	
Keishi	桂枝	Cinamomum Loureirii *Nees*, (branch, *i.e.* bark),
Gobō	牛蒡	Lappa major, *Gaertn.*,
Zeni	蟬衣	Cicada shell,

by means of which much injury has been done.

"On the other hand, let us take the following ridiculous case of the disorder called *riyō-kan-sho-kan*,[152] a kind of double fever, a dangerous sickness which has its origin in the *tai-yō-bo-ko-kei*,[153] or great positive bladder system, and the *shō-in-jin-kei*,[154] small-negative kindney-system of the feet, attacking from the inside, as well as the outside, at the same time. Chō Chiū-kei used such medicines as:

Bushi richiu tō	附子理中湯, a decoction containing aconite.
Shinbu tō	眞武湯
Shigiyaku tō	四逆湯
Hakutsū tō	白通湯

"In this case the cold attacks the urinary system, and it cannot be recovered from, without the use of such powerful medicines, as, *fushi* (aconitum Fischeri), which has the effect of restoring the positive.

"At the present time, there are many who suffer from this disease, and physicians say that it is contracted syphilis. They think it beyond doubt that it is caused by the negative spirit, and their treatment is as follows: a living pigeon is taken, and its abdomen opened, within which some musk is placed, and the whole laid upon the umbilicus of the patient; whereupon the crimson blood oozing out, the patient is forced to endure the unpleasant feeling and disagreeable smell, and the odor, passing through the nose, comes in contact with the brain (and effects a cure ?)."

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[151] See page 299.

[152] 両感傷寒

[153] 大陽膀胱經

[154] 少陰腎經

The author above quoted, here records his protest against such practices, stating it as his belief, "that there are but few physicians left who would part with a portion of the flesh of the thigh for the sake of their patients,"[155] and gives it as his opinion, that all this is due to the fact that the physicians of the day do not read the classics (the *Nai-kiyo* and books published after it), so that they remain ignorant and superstitious.

The following interesting sketch of the Siamese theory and practice of medicine, from the pen of Dr. E.A. Sturge of Petchaburi, Siam, recently appeared in the *Philadelphia Medical Times* (Vol. XV, p. 51), and is given here to further illustrate the fact, that the medical theories held by the Japanese in the XVIth and XVIIth centuries are not unlike those held by other Asiatic nations to-day, and are undoubtedly of the same origin.

> All nature, according to the Siamese, is composed of four elements,—namely, earth, water, fire, and wind. The human body is supposed to be made up of these same elements, which are divided into two classes, visible and invisible. To the former belongs everything that can be seen, as the bones, flesh, blood, etc.; to the latter, the wind and the fire. The body is composed of twenty kinds of earth, twelve kinds of water, six kinds of wind, and four kinds of fire.
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> The varieties of wind are as follows: the first kind passes from the head to the feet, and the second variety from the feet to the head; the third variety circulates in the arteries, forming the pulse; the fourth variety resides in the abdomen outside of the intestines; the fifth resides in the intestines, and the sixth enters the lungs in the act of inspiration.
>
> The four kinds of fire are: first, that which gives the body its natural temperature; second, that which causes a higher temperature, as after exercise or in fevers; the third variety causes digestion, and the fourth causes old age.
>
> The Siamese divide the body into thirty-two parts, as the skin, heart, lungs, etc. The body is thought to be subject to ninety-six diseases, due to disarrangement of the earth, wind, fire, and water. An undue proportion of fire causes fevers, and dropsies are caused by too great a proportion of water. Earth is supposed to produce disease by invisible and impalpable mists and vapors, and wind can cause all manner of complaints. Nine out of every ten natives, when asked what is the matter with them, will answer, "Wind." (Not long ago, on our way to Bangkok, we

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[155] Probably referring to the Chinese proverb 醫有割股之心並無虛假之意, "A doctor has the heart to cut flesh off his thigh to give to his patient, but never the mind to deceive him."—*Scarborough.*

found a man dead upon the river-bank. The boatmen were speculating as to the cause of the man's death; but the oldest man in the company soon settled the matter by gravely remarking that, in all probability, it was due to wind.) It is thought that the external elements are constantly acting upon the elements composing the body, causing health or disease. Thus, in the hot season, the Siamese believe, we are more liable to fevers, and in the rainy season to dropsies, due to too great an absorption of water. Spirits are also supposed to have great power over our bodies, deranging the elements and thus producing all manner of maladies. One of our young men remarked not long ago, while travelling in a rather lonely portion of country, "I am not afraid of tigers, but I do fear spirits." The Siamese have numerous spirit-doctors, and many are the propitiatory offerings made to the immaterial beings that fill the air.

In the time of Buddha, lived one still worshipped as the Father of Medicine. To him, it is said, the plants all spoke, telling their names and medical properties: these were written in books, and have become sacred. If they fail to produce the results ascribed to them, the fault is never theirs, but is due entirely to want of merit in either doctor or patient. The natives use almost everything as medicine; the bones and skins of various animals occupy a large part of their pharmacopœia, while the galls of snakes, tigers, lizards, etc., are among the most valuable of their medicines. Most of the Siamese remedies are very complicated, being composed of scores of different ingredients. The following is an absurd recipe for snake-bite: A portion of the jaw of a wild hog, a portion of the jaw of a tame hog, a portion of the jaw of a goat, a portion of goose-bone, a portion of peacock-bone, a portion of the tail of a fish, a portion of the head of a venomous snake: these, being duly compounded, form a popular remedy when the venom has caused lockjaw. Burnt human bones, powdered and mixed with an equal portion of powdered alum, form a favorite medicine for sprinkling on ulcers. The eye-teeth of tigers, bears, lions, and various other animals (the more the better), ground up together, form the most popular remedy for fevers. The ashes of earthworms and human hair, mixed with cocoanut-oil, is frequently used for cuts. Every native physician has an image of Pra Ruse, the father of arts, in his house. All drugs are first placed in this idol's hand and receive his blessing; afterwards they are taken to the patient's house and boiled in earthen pots, a wicker-work star always being placed above and below the drugs, to prevent the spirits from tampering with them. In all fevers the doctor fills his mouth with some concoction and squirts it over the naked body of the patient in a fine spray, exactly as the Chinese laundry-men sprinkle clothes.

Dissection is never practised among the Siamese, consequently they are grossly ignorant in regard to the science of anatomy. The writer has not unfrequently seen them hew a body in pieces with a cleaver at least two feet long, but very little is ever learned from these rough post-mortem examinations. They are usually made with the expectation of finding one or more tumors in the abdominal cavity, which they suppose to be the work of witchcraft. They usually are successful in finding what they look for. Sometimes the spleen, at other times a kidney or some other normal organ, is mistaken for an abnormal growth inserted in the body by superhuman agency. The functions of the different organs are not at all understood. In the heart is supposed to be a cavity about the size of an almond. This cavity is thought to be filled with a fluid which changes its color and consistency with our passions. When we are calm and peaceful, this fluid is perfectly clear, like water; when we are angry, it is turbid; when very angry, it turns dark; and when we are in love, it is red. In stupid persons the apex of the heart is rounded, while in those possessing the usual amount of wisdom it is pointed. It is not known that the heart has anything to do with the circulation.

IV. INTRODUCTION OF WESTERN MEDICINE, AND THE REVIVAL OF THE CHINESE SCHOOL; FROM THE MIDDLE OF THE XVITH CENTURY TO THE BEGINNING OF THE PRESENT REIGN (1868).

Reviewing the history of the previous period, it appears that, since the middle of the XIIth century the interest in medical pursuits diminished greatly, owing in part, it is said, to the turning of the attention of the better classes to political affairs, and the spread of a military spirit, which drove men from more peaceful pursuits to political intrigue, and to seek fame in arms.

The examination of physicians had now long since ceased, and with this relaxation on the part of the Government, the standard of medical attainment was gradually lowered by the profession. Indeed, such was the state of affairs at the end of this period, that medical priests again began to practice, and were even summoned to the court, where the office of court physician, once filled by descendants of the celebrated houses of Wake and Tamba, had for some time been vacant, and the methods of the *Wa-sai-kiyoku-hō*,[1] formerly adopted by the "Go ten yaku," the five superintending physicians, Wake, Tamba, Saka, Taketa, and Yoshida, had fallen into disuse, and were finally replaced by those of the Chinese Schools of Ri To-yen[2] and Shu-Tan kei.[3]

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[1] 和劑局方 See page 288.

[2] 李東垣

[3] 朱丹溪 p. 299.

Mr. Kōchi Zensetsu tells us that Ri To-yen was born during the Yuên Dynasty (A.D. 1280-1368), that he was a pupil of Cho Gen-so,[4] and believed internal diseases to be caused by the penetration of pestilential vapor from outside the body; and those of the stomach by improper food and over-exertion.

The works he employed in his teachings, it is further stated, were those known as the *Hi-i-ron*,[5] and the *Nai-gai-shō-ben-waku-ron*,[6] and that his treatment was always directed first towards the stomach and intestines, in order that the condition of these organs might be restored to that of health. Mr. Kaku Kashiro states that Ri To-yen was the founder of an eclectic school, the doctrines of which were based on the teachings of the *So-mon*,[7] *Rei-sū*,[8] and other works down to the time of the *Shō-kan-ron*,[9] by Chiu-kei;[10] that he advanced the theory called "*ho-chiu-yeki-ki*;"[11] literally, "assisting the interior and increasing the spirit"; he also put forward the theory called "*go-giyo-un-ki-zo-fu-hai-to*,"[12] or, literally, "the circulation of the five elements among the internal organs."

According to the last mentioned writer, Shu Tan-kei, or Shu of Tan-kei, was born during the reign of the Yuên Dynasty. He was thoroughly acquainted with such works as the *So-mon*, *Nan-kiyo*,[13] and *Shō-kan-ron* by Chiu-kei, and familiar with the teachings of Ri To-yen, whose views he, for the most part, accepted. These, together with his own, he published in the work called *Kaku-chi-yo-ron*,[14] or, Educational Observations and Discussions, which is essentially an expansion of the views of Ri To-yen. He also compiled a work known as the *Wa-sai-kiyoku-hō-hak-ki*.[15] From these two teachers sprang the later Chinese schools, which were known as Ri-shu-no-riu, or the schools of Ri (To-yen) and Shu (Tan-kei). They were also known as the schools of the direct and indirect principles. Tashiro Dōdō, also called Sanki, was the first to teach the doctrines of these schools in Japan.

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[4] 張元素

[5] 脾胃論, A discourse upon the spleen and stomach.

[6] 内外傷辨惑論

[7] 素問, See page 296.

[8] 靈樞, See page 296.

[9] 傷寒論 p. 296.

[10] 仲景 pp. 296, 300.

[11] 補中益氣

[12] 五行運氣臟腑配當

[13] See page 296.

[14] 格致餘論

[15] 和劑局方發揮

He was born in A.D. 1465, and spent twelve years in China, where he became acquainted with the teachings of Ri To-yen and Shu Tan-kei; and upon his return brought the Chinese books, and taught what he had learned during his absence.

To Manase Shōkei, who has been called the reviver of medical learning, perhaps more than to Tashiro Dōdō, is due the honor of having most successfully propagated the doctrines of these schools. Manase was born in A.D. 1507, and was reared in a Buddhist temple at Kiyoto. In 1531 he came under the instruction of Dōdō, having before this entered the Ashikaga Gakko, a famous school in Ashikaga, Kodzuke, one of the Eight Provinces (Kuwanto) in the vicinity of Yedo (Tokiyo). Later, he held important posts under the Shogun Ashikaga Yoseiteru, and also under Hideyoshi, and Iyeyasu, the first of the Tokugawa line. He successfully treated the Emperor Ogimachi, who was afflicted with a most severe disorder.

Among his numerous writings is mentioned the *Kei-teki-shū*,[16] a work intended to draw attention to the writings of the older authors, and one which was widely circulated by order of the Government.

In the *Kō-koku-i-ji-yen-kaku-shō-shi*,[17] it is stated, that this school of Tashiro and Manase, called the *San-ki-riū*, held that great attention should be given to the appearance of the fæces and urine, as indicative of the location of the disease, which, when these excreta are normal, cannot be in the inner organs, and must be without the circulatory system. The causes of disease were considered to be heat and moisture, and therefore, in treatment, the first thing to be done, was to draw off moisture; and to this end, *Happiyo-zai*, a kind of diaphoretic mixture, was always employed.

Manase Gensaku,[18] sometimes called Shosho, son of Manase Shōkei, also took active part in propagating the doctrines of the school which his father had founded, and which soon spread all over the country.

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[16] 啓迪集.

[17] 皇國醫事沿革小史 p. 245.

[18] The syllable *Gen*, so often forming a part of the *na* (with us the baptismal name) of physicians, was, it is said, at first, used in honor of *Gen*saku. It should be mentioned that in Japanese the family name is usually written *first*, followed by the individual name, or *na;* which latter, it is not infrequently the custom to change on certain occasions, such, as for instance, upon coming of age, entering upon office, or receiving distinguished promotion; also upon a son succeeding the father as head of the family, when the *na* adopted is often patronymic.

Japanese medicine also found an enthusiastic reviver in Nagata Tokuhon,[19] a native of Mikawa, but who served under the Daimiyo, Taketa of Kai, and for this reason was often called Kai no Tokuhon. In the "Outline History of Education in Japan" it is stated that he was the author of "nineteen medical doctrines; and having introduced "many new ideas, and making use of powerful remedies, became noted "for the effectiveness of his treatment." Mr. Kaku states that Nagata held the object of medical art to be, to help and protect the *riyō no* (良能), or natural instinct (the *vis medicatrix naturae*); and it is related of him, that on one occasion, a certain nobleman having been taken sick of a fever, and Tokuhon having been called in to give his medical opinion, the first thing he did, was to ask the sick man what he liked and disliked most; to which the latter replied, that he should like to eat some water-melon, to have all of his clothing removed, and to have the screens taken from around him; which accordingly was permitted, and further, he was allowed to drink cold water, a procedure prohibited by the physicians of the Chinese school, Tokuhon's conviction being, that Nature herself gave indications as to what the system was most in need of. Again, it is stated by the same author, "that upon meeting with a person suffering from any nervous disorder, he gave little attention to the medical treatment; but rather searched for the causes of the disorder, and often resorted to effecting a cure by working upon the mind of the patient; thus, for instance, were the patient a farmer, and anxious that it should rain, he would speak to him of the probabilities of a coming storm; were she a woman, complaining at the absence of her husband, he would assure her of his speedy return; or if a young girl, converse with her about marriage; and so, sometimes by exciting anger, and sometimes sorrow, through some bond, or by physical pain, and sometimes through fear, he brought his patients into health, or into that condition in which they would be best reached by medicines."

Having thus briefly described the state of medical affairs at the middle of the XVIth century, and the beginning of the fourth period, we now come to consider the most important series of events in the Medical History of the country (and as well, it may be said, in its political history), namely; the discovery of Japan by the Portuguese; its intercourse with foreign nations; and the influence of that intercourse upon the systems of medicine known to the Japanese.[20]

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[19] Born A.D. 1512, died 1630, aged 118 years.

Although the history of this period is quite well known, the following, from a manuscript document, may not be out of place; for it is said to be a portion of the official records of the early introduction of Christianity into Japan, and hitherto unpublished, as the writer has been informed by Mr. Tsuda Sen, through whose kindness a copy of the original was obtained.

"In the reign of the Emperor Ogimachi (A. D. 1558-1586) there stood in Kiyoto a Buddhist temple, which until that time was known as Yei-roku-ji (temple of Yei-roku[21]). Its name, however, was changed by Ota Nobunaga to Nam-ban-ji (which name was derived from that applied by the Japanese to the two countries of Spain and Portugal,[22] then known as the Country of Nam-ban, or the Southern Barbarians).

"It is said that the King of Nam-ban called together a national assembly, to consider the advisability of sending presents to Nam-ban-ji, supplied from the revenue of the five countries which constituted his kingdom.[23] Nam-ban then sent to Japan two celebrated doctors, who lived at Hiko, in the south of that country, with Futen Bateren,[24] a religious friend of Urugan, who had visited Japan before.

"These, approaching Japan in a ship laden with many precious things, landed on the island of Oki, deeming Hizen an unsuitable place for the furtherance of their plans.[25] The governor of this island, however, having heard of their arrival, and fearing that their presence might result in immediate trouble to his country, or perhaps involve it in war in the future, sent an interpreter to examine this craft of Futen's, and made preparations at once to drive them away. The governor, upon being told, however, that they had come from Nam-ban upon the invitation of Ota Nobunaga, and that they would not submit to examination, allowed them to remain. After a certain number of days, they again set sail for the harbor of Obama in the province of Wakasa, reaching which, they proceeded to Kaidzu in Ōmi, and thence by boat on Lake Biwa to Otsu, and speedily arrived at Nam-ban-ji in Kiyoto, where they met with Urugan. They lodged for four or five days at the Buddhist temple called Miyo-hon-ji, at Adzuchi, after which they proceeded to the castle of Ota Nobunaga, and were introduced to that personage by one Hasegawa; on which occasion they presented to Nobunaga the precious things they had brought with them from Nam-ban. These consisted chiefly of emeralds, aloes wood, agate, and tiger skins. Futen, it is stated, was a very tall man, measuring ten feet in height (!), his complexion was pale, and his hair of a yellowish color; whilst his carriage was much like that of Urugan. Although looked upon by Nobunaga as strange persons, they were nevertheless commanded to teach the doctrines of the Christian religion to the people, which religion soon spread all over the city of Kiyoto. This was the beginning of the propagation of Christianity in Japan.

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[20] Kochi Zensetsu states, that Europeans first appeared in Japan in the 12th year of Ten-bun (A. D. 1543), and that they were Portuguese, and were over 100 in number. Guided by a Chinese, they landed on Tanegashima, one of the islands of Kiushu, and made known their desire to enter into trade with the inhabitants of the island by drawing pictures in the sand with their sticks. They induced the governor of the island to purchase a fowling-piece, and to allow one of his retainers to be instructed in the art of using it.

[21] Year-period, A. D. 1558-1569.

[22] And afterwards to Portugal alone.

[23] Satow, Asiatic Soc. Trans. Vol VI. Pt. 1, p. 46.

[24] Portuguese, *padre*, probably Louis Froez, priest: Urugan, probably Organtin Gnecchi, priest.

"These four persons, Futen, Urugan, and the two doctors, consulted frequently together at Nam-ban-ji as to the best means of bringing the country into subjection to their King, Kai-shu-pi (Philip II of Spain and Portugal), by whom they had been sent for this purpose. With this purpose in view, and believing, that only by worthy deeds towards the people, could they expect to gain their object of spreading their religion throughout the land, they began by extending help to the poor, and by presenting a petition to the government, asking to be given some public lands whereon they might cultivate herbs of rare medicinal virtues for the healing of those sick with difficult diseases.

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[25] Hizen had previously been the base of operations of the Portuguese traders.

The Government at once granted them the use of 30,000 tan of land (about 7,500 acres) on the slopes of Ibukiyama, a mountain in the province of Ōmi, where they planted some 3,000 different kinds of medicinal herbs and trees, and which in two years grew abundantly, producing medicines by means of which many sick persons were healed. The surgeons of Nam-ban, too, Japanese historians state, proved far more skillful than those of this country, rapidly curing many folk sick with diseases considered most difficult to heal."

In the *Ni-hon-sei-kiyoshi* it is stated, that all the missionaries in Yamaguchi, Hirado, and Hakata, being, in the second year of Yei-roku, (A.D. 1559), obliged to leave those parts, on account of the disturbance caused by some evil spirits, thereupon collected together at Funai in Bungo; these were Cosme de Torrez,[26] priest and superior, Balthazar Gago, priest, Gaspar Vilela, priest, Jean Fernandez, brother, Guillaume, brother, Toma (probably Edoüard de Sylva), brother, and Louis Almeida, brother. There were also natives who had been baptized into the Catholic faith, and lived among the missionaries; their names were; Laurent, a native baptized by Francis Xavier; Melchior, who accompanied Torrez from Yamaguchi; Paul, a celebrated physician, who treated patients at the Kiu-sai In, a hospital established for the purpose of caring for the sick poor under the direction of Louis Almeida and Domitien. The two latter gave instruction for the purpose of affording a Christian education to youths whose fathers, or elder brothers, had embraced the Catholic faith, and who had hitherto been compelled to obtain their education at Buddhist temples.

Among these missionaries there was one, who was himself an excellent Japanese scholar, and who deemed it of great importance to establish a church and a Christian college, in which the natives might be instructed in Japanese learning, and thus to introduce a better condition of moral excellence, and to increase their general intelligence.

These missionaries entered industriously upon their work, which brought them such success, that, at one time, the Japanese at Funai and its neighborhood flocked to the preaching place in so great numbers that it was impossible for all to gain entrance, and a temporary building had to be erected in front of the gate for their accommodation.

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[26] The writer is indebted to Rev. l'Abbé Evrard, of the Legation of France, for the identification of these names in French, which, as they appear in the Japanese, are almost unintelligible.

The establishment of a still larger hospital than the Ko-shitsu In, already founded, was soon brought to a successful completion, which institution included, besides twelve large wards, special places for religious service and medical purposes.

Whenever poor patients were received into the hospital, they were kept under treatment until fully cured, and their expenses were defrayed by the Portuguese and Japanese Christians. Pleased with such benevolence, Providence, we are told, "manifested his divine power and favor, by giving success to their efforts to cure the sick."

In the posthumous work of Sugita Gempaku, entitled *Ran-gaku-koto-no-hajime*,[27] or, The Beginning of the Study of Dutch, it is stated, that the first school of Western medicine, or rather, of surgery, in Japan, was that known as the "Nam-ban-riū," or, School of the Southern Barbarians (Portuguese); and was founded by those surgeons who practised their art according to the teachings of the Portuguese physicians, who had come to Japan in the trading ships, during the time in which their countrymen were permitted to carry on trade with this country, and more especially, between the years 1542-1580. Toward the close of the sixteenth century, the Dutch made their appearance in Japan ; and later, after the establishment of the factory at Deshima, Nagasaki, Dutch physicians gave instructions in Western practice of surgery and medicine. This event gave rise to a Dutch school of surgeons,[28] to which Japan owes a great debt ; and of the untiring and self-sacrificing zeal of the followers of which, she may justly feel proud. At first, the instruction received was derived from the lectures and clinical practice of the Dutch, which the Japanese were only permitted to note down after the lectures, from memory. The knowledge thus obtained must have been at first very meagre; for at that time none were permitted to read the books of the Dutch, and their acquaintance with the foreign tongue was limited to a few phrases.

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[27] 蘭學事始, A translation by Mr. Mitsukuri of portions of this work appeared in Vol. v. pt. i. of the Asiatic Society Transactions, an extract from which appears in another place.

[28] Sugita states, that in the year A.D. 1632, many physicians and surgeons came with the vessels of the Dutch company and taught the Japanese surgery and physiology.

It is stated, that, as the Dutch employed remedies which could not generally be obtained in Japan, other remedies obtainable in this country were substituted in practice. Indeed Western, medicine can hardly be said to have been practiced to any extent in Japan until within the past few decades of the present century.

Prominent among the followers of the new schools, was Nishi Gempo, or Gempo Sensei (Master Gempo), who had formerly been an interpreter to the Portuguese, but upon their expulsion became an interpreter to the Dutch.

The school of surgery founded by Nishi was known as the *Nishi-riū*, or School of Nishi, and was sometimes called *Riyo-riū*, Eclectic School; because it combined the teachings of both the Portuguese and Dutch. Nishi, having gained great renown for his skill, received the appointment of surgeon to the Shogun, and was the first in the Government service to give instructions in physiology as taught by the Dutch.

Another prominent surgeon, and the founder of a school of surgery, was Kurizaki Doyu, who was, it is said, of Portuguese extraction, and who, as he had received a medical education from the foreigners, and yet had not embraced their religion, was permitted to return to Nagasaki, after the expulsion of the Portuguese and those of mixed parentage. He exhibited great skill and learning, for which he became very noted. Yoshida and Uriu, both Dutch interpreters, established schools which bore their respective names. Another school of note was that established by a pupil of Ranzan Hoan, physician to the lord of Hirado. Ranzan, it is stated, received his medical education with the Dutch, at Nagasaki. The name of this pupil was originally Morishima Hōchiku of Yamato, but afterward it was changed by himself to Katsuragawa,[29] out of compliment to his teacher Ranzan—meaning thereby, that, as the river Katsura finds its source in Arashiyama (or, in Sinico-Japanese, Ranzan), a mountain near Kiyoto noted for its beautiful scenery, so had he found in his teacher, Ranzan, the source of all his knowledge.[30] Hochiku also received some instruction from the Dutch at Deshima, on the occasions of the visits he made with his teacher to Nagasaki. The names of the Dutch surgeons at Deshima at this time, according to Sugita, were Danner and Arumans. Sugita states, that in the year 1644, a Dutch ship was cast upon the shores of the sea of Yamada of Nambu, on board of which vessel was a surgeon named Kasper, who, with the other Dutch found on the vessel, was sent to Yedo, where during his two or three years' stay he instructed a number of Japanese. Subsequently he took up his residence at Nagasaki, where he continued to teach many of his former pupils, and became, it is thought (although not positively known), the founder of the school of Kasper.

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[29] The river Katsura.

There was also a school of surgery known as that of Yoshiwo, the founder of which also obtained his knowledge of surgery from the Dutch.

Sugita, writing in the next century, states, "that in looking over the works upon surgery, transmitted from the founders of these different school, there can be found nothing, save a few formulæ for medical plasters, oils, etc.; which, however," he remarks, "together with the notes on surgery therein, were far superior to the Chinese or Japanese methods theretofore employed." Of the old Japanese school of surgery, was Takatori Hidetsugu, the founder of a school bearing his name. He wrote the *Ge-kuwa-sai-zen*,[31] a minute examination of surgery, and *Shim-mei-sui*,[32] a collection of new discoveries.

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[30] The following story illustrative of the character and attainment of one of the members of this family of Katsuragawa, has been related to the writer by a friend: On a certain occasion, when several of the physicians of the Shogun's Court were conversing together, Katsuragawa was charged with forsaking the traditions of the ancients, neglecting to give to the phenomena of the pulse the important position it was justly entitled as a means of diagnosis, and running after the foreigners and their fallacious teachings. Upon this he left the room suddenly, as his colleagues thought, to hide his shame, but soon returned, and informed them that he had a curiosity to shew them, and requested that they would examine his pulse. Examination shewed that the right pulse was quite imperceptible, while the left was of normal strength; whereupon they declared that some dire disease had overtaken him, and that he would soon be carried off. Much to their mortification, however, pulling up the sleeves of his loose *haori* and shewing them a knotted handkerchief pressing over the brachial artery, he assured them that his life was not in the slightest danger, but that, on the contrary, he hoped it would be spared him yet many years, that he might see the progress of the foreign school from which he had first learned the fact of the circulation of the blood.

As to the Chinese and Japanese surgical practice mentioned by Sugita, a description given by Mr. Kaku, of the views of Hanaoka Shin, also called Hakkukō, or Seishiū, although rather advanced, and of a later day, will throw some light upon the subject. It is said of Hanaoka that he was a native of Kishiū, that he came of a family of physicians, and received instruction in medicine from Yoshimasu Tamenori, and in surgery, from Yamato Kensai. He travelled extensively, and on his return home, taught the following doctrines:—"There is no distinction in principle between ancient and modern medical treatment, while in the treatment of internal and external disease the principle is one: if, therefore, we permit ourselves to be biased toward the teachings of the ancients, we may fail to understand those of the men of to-day; while if we do not consider the internal condition of the body, how can we treat understandingly those diseases which manifest themselves externally? The Dutch physicians are most minute in theory, but rough in their mode of treatment: Chinese science is indeed minute, or accurate, in practice; but is restrained by the theories of the past. Therefore, as to treatment, I look to the living body alone for indications, seeking for the mode, afterwards, from philosophers; and am consequently not restricted to rules in giving remedies, but act as necessity demands. When medicines are ineffectual, as well as acupuncture and the cautery *(moxa)*, the abdomen and back may be opened, the stomach and intestines washed, and whatever is likely to save the patient, may be done."

In attempting such bold surgery, he employed a narcotic composed of the following ingredients.

Mandarakuwa	曼陀羅花	Datura alba, *Nees*,
Sōutō	草烏頭	Aconitum (ferox ?), *Smith*,
Hakushi	白芷	Angelica anomala, *Pall*,
Tōki	當歸	Ligusticum acutilobum, *Sieb* et *Zucc.*,
Senkiu	川芎	Conioselinum univittatum, *Turcz*,

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[31] 外科細塹 [32] 新明集

A decoction of these five substances reduced to minute powder was administered to the patient, who at once became unconscious: whereupon the operation was performed. Among the different kinds of surgical diseases operated for, and which other physicians would not treat, are mentioned carcinoma mammae, necrosis of bones, fistula ani, scrofulosis, and benign tumors. Such operations were performed at one sitting; the after-treatment being hot water and a plaster. Such was his success, that he gathered around him many followers, while patients suffering from diseases considered incurable flocked to him from all quarters for treatment.

A pupil of Hanaoka, named Honma Gencho, a native of Mito, and also known as Kiyokuken, embodied the teachings of his master, together with his own experience, in the work called *Chō-kuwa-hi-roku.*[33] Honma was the first to operate for aneurism by incision, and also to ligate arteries.

Returning again to the subject of Chinese and Japanese medicine, and to the early portion of the period under consideration, we find that the first event of interest following the occurences already described, was the re-establishment of the dispensary, in the year A.D. 1590, by Toyotomi Hideyoshi; over which Seiyaku-in Zenshiū,[34] a pupil of Shōkei Manase,[35] and a descendent of Tamba Yasuyori, was appointed Director. A little later, one Nagasawa Dōju, a native of Tosa, and a pupil of Manase Shōsho,[36] made certain divisions in the course of medical study, founded, it is stated, upon the *Sho-gaku,*[37] or, Lesser Learning, and the *Dai-gaku,*[38] or, Great Learning. According to Mr. Kaku, there were, in the elementary or primary course, seven divisions of study, namely:—

"1. To distinguish the nature of medicines, whether of negative *(In)* or positive *(Yō)* qualities, also their therapeutic value. Of medicines there were more than three hundred different kinds.

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[33] 瘍科秘錄

[34] Chief of Dispensary, Zenshiū.

[35] See page 305. [36] See page 305.

[37] 小學 Seaòu héŏ, by Choo He, and arranged by his pupil Lêw Tszè-ching.—*Wylie.*

[38] 大學 or Superior Lessons, by Confucius; the first of the four books.

"2. To distinguish the original object of ancient prescriptions, as well as to understand the method of making them up. There were over three hundred prescriptions in number.

"3. To understand the great rules of medical treatment, of which there were about fifty.

"4. To prescribe according to one's own judgment, after having studied the ancient medical tables, in number more than five hundred articles.

"5. To distinguish the different conditions of the pulse.

"6. To distinguish the so-called hollow spots on the back in the application of the *moxa* and in acupuncture. There were over one hundred spots in number.

"7. To study those medical works containing written prescriptions, of which there were over ten in number.

"Again, following the divisions, or eight works, of Sōkō[39] he established eight divisions of study of the senior course. These works of *Sōkō* are:

Kō-tei-Hen-jaku-Miyaku-sho-jo-ge kiyo 黄帝扁鵲脈書上下經, a work containing the views of Kō-tei[40] and Hen Jaku[41] upon the pulse.

Go-shiki-shin	五色診	Diagnosis by the Five colors,
Ki-kō	奇恒	Remarkable Laws,
Ki-do	揆度	Medial Considerations,
Yaku-ron	藥論	Discourse on medicines,
Seki-shin	石神	Stone gods, i. e. medical stones,
In-yō-guwai-hen	陰陽外變	External changes of the *In* and *Yō*,
Setsu-in-yō	接陰陽	Interchange of the *In* and *Yō*.

The divisions in the course of study were as follows:

"1. To study the beginnings and endings of the nerve fibres, in relation to the hollow spots on the back; and thus to become acquainted with the locality of the disease in the body.

"2. To ascertain the extent (*i.e.* force or power) of the vital circulation, and thus to learn the locality of disease.

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[39] See pages 261.

[40] See page 296.

[41] See pages 285, 295.

"3. To ascertain the length and extent of the muscles, bones, integument, blood vessels; also the nine orifices (the eyes, ears, mouth, etc.), and thus to be able to know the locality of disease.

"4. To ascertain the condition and functions of the viscera and their appendages.

"5. To ascertain the normal and abnormal conditions of the circulation of the vital spirit, and thereby to be able to indicate the causes of disease.

"6. To learn the four methods of diagnosis.

"7. To learn to recognize the indications of death.

"8. To ascertain the predisposing and immediate causes of the several varieties of colds, and also those diseases arising from fatigue, improper food, and improper appetites, and to determine the manner of treatment, whether by acupuncture, cauterization, or by the administration of medicines."

During this period, and as in ancient times, those who followed the study of medicine were not always from among the ranks, strictly speaking, of medical men; but often it happened that those whose profession was literature, took up the medical branch of that subject, and published their views in numerous works of no little value. Among such scholars, was Nabika Riyo, perhaps best known by the posthumous title of Kanriyo Tenmin, a native of Tamba, and resident of Kiyoto. He himself practiced medicine because he thought that every scholar should have some fixed means of support, in order that he might be enabled successfully to pursue his object of study. Among the pupils of Nabika were several who afterwards became noted physicians, also famous for their scholarship. Such were Watanabe Shinzō, Shimidzu Keichō, Matsubara Keiho and Fujita Sadayū. Among these men were some who advocated a re-adoption of the views of the ancient schools, notably Butsu Sorai, and Ito Jinsai. Mr. Kaku, in referring to this class of men, says:

"There were many literary men who, intruding upon the domain of medicine, wrote commentaries on medical works with popular explanations; and who, often following too closely the letter, and mistaking the real meaning of the text, bred confusion among those who relied upon these erroneous explanations." They held, however, that he who practised medicine should be possessed of charity, integrity, intelligence and good nature; and that he should be acquainted with literature, established in conduct, and faithful. The man who did not come up to these requirements, they likened to fur, "which finds no sticking place when there is no skin to support it." Among those, however, who, although of this class, produced works of considerable practical value, is (mentioned by the writer above referred to) Okamoto Ippō of Kiyoto, who wrote numerous explanatory works for young students. Among his works were the following:

難經諺解 *Nan-kiyo-gen-kai*, or Popular explanations of the *Nan-kiyo*.[42]
和語本草綱目 *Wa-go-Hon-zō-kō-moku*, or General Outline of the *Hon-zō*[43] in Japanese.
醫方大成論和語 *I-hō-tai-sei-ron-wa-go*, or Complete Discussion in Japanese on Medical Prescriptions.
臟腑經絡詳解 *Zō-fu-kei-raku-shō-kai*, or, Minute Descriptions of the Internal Viscera and Blood-vessels.
百味主能諺解 *Hiyaku-mi-shu-nō-gen-kai*, Popular Explanations of the Qualities or Efficiency of Medicines.
病因指南 *Biyo-in-shi-nan*, or, Guide to Pathology.
古今養生論和解 *Ko-kon-yō-jō-ron-wa-kai*, or, Discussion on Ancient and Modern Hygiene, with Explanations in Japanese.
阿是要訣 *A-ze-yō-ketsu*, A work on the principles of cauterization.
醫療指南 *I-rio-shi-nan*, or, Guide to Medical Treatment.

The story is related in the *Mei-i-den* of Okamoto Ippō, that upon a certain occasion he twitted his brother Chikamatsu Nobumori, a novelist and dramatist of considerable ability, with producing works designed only to please the taste, and in themselves of little or no value. To this Nobumori replied, laughing, "True indeed, brother, and I had just come to about the same conclusion regarding yourself; for it seems to me that in writing these popular explanations of the medical classics, you are giving the public chaff for food; and what is worse, misleading the students who depend upon your writings for their medical knowledge; and so I fear that the results of your writings will prove the more disastrous of the two." It is stated that, fearing these remarks were too true, he wrote no more such books thereafter, and even threw away a half-finished treatise on the *So-mon*, upon which he was then engaged.

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[42] See page 296.

[43] See page 293.

Mr. Kochi states[44] that during the periods called Meireki and Banji (A.D. 1655-1651), and in the reign of the Emperor Go-Sai-in, two physicians, Hayashi Ichinoshin and Ōba Tōan, taught the principle of medical treatment held in most ancient times, and as contained in the *So-mon*,[45] *Rei-sū*[46] and *Nan-kiyo*.[47] One of the leading physicians of the school of Ōba Tōan, and also one of his pupils, was Mioka Sampaku. Ibara Dōyetsu, Asai Shūhaku, Ogawa Sakuan, and Okamoto Ippō,[48] also belonged to the same school.

About this time a controversy arose among certain schools as to the relations sustained by the five chief organs (五臟), viz. the heart, lungs, spleen, liver, and kidneys, with the five elements (五行), and concerning the theory of the circulation in the internal organs.[49]

In the reign of the Emperor Rei-gen, a physician of great popularity, Nagoya Geni by name, having discovered certain errors in the teachings of the school of Ri-shu,[50] began to practice according to the febrile theory of the *Shō-kan-sho-ron*,[51] but finally adopted the views of Chiu-kei,[52] then known as those of the old school. Nagoya Geni who was a physician of Kiyoto and otherwise known as Tanshin, may well be styled an empiric; for it is said of him that he only treated symptoms, and entirely ignored the theory of the Active and Passive Essences, then so popular. As to treatment, it is stated that in severe colds he employed *bushi* (附子 aconitium Fischeri, Reichenb.) to warm; in bad fevers, *kei-*

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[44] 日本醫道沿革考 See p. 245.

[45] 素問 page 296.

[46] 靈樞, See page 296.

[47] 難經, See page 296.

[48] See above.

[49] In the MS. before referred to (page 245), Mr. Kochi speaks of the 運氣五行 literally "circulating spirit fire elements" (*i.e.* those which give motion: metal, wood, water, fire and earth) but in a foot note in which he attributes the above views to Riu Gen-so of China, as set forth in the *Sen-mei-ron* (宣明論 *So-mon-gen-ki* (素問元氣 see page 304), he speaks of the 運氣六行 literally, "circulating spirit six elements," and seems to refer to the theory of the six spirits (六氣) already mentioned (see page 295).

[50] *i.e.* the schools of Ri-To-yen and Shu-Tan-kei. See page 304.

[51] See page 296.

[52] See page 304.

ma (桂麻 cinnamon and hemp); for intermittent fevers,[53] *shaku-yaku* (芍藥 Paeonia albiflora); for *Shoku-sho* (食傷 gastritis catarrhalis acuta), and *ō-sha* (嘔瀉 emesis), *sho-shi-ko* (小柴胡 a bitterish sudorific resembling gentian, *Williams*); and in internal diseases, when medicines seemed of no avail, he employed *san-jutsu* (參朮 ginseng and a kind of glutinous rice)

Gotō Tatsu, Matsubara Keiho, a pupil of Nabika Riyō, and Yamawaki Shōtoku, were all prominent physicians who joined with Nagoya Geni in his attack upon the popular theories of that time, and who with him soon came to be considered the great medical authorities of the day.

The former of these, Gotō Tatsu, was the author of the theory known as the *jun-ki-setsu* (順氣說) or, of the circulation of the spirit; the impediment or interruption of which, it was thought, caused disease. He held that, from long years of peace and an increasing tendency to luxury and idleness, disease had seized upon many of the people, and that the treatment, to be effectual, should be prompt and severe. He was therefore an advocate of the employment of acupuncture, and bear's gall as a remedy to be used in emergencies. For dysmenorhœa, determination of blood to any organ, or in impediment to the circulation of the blood, as well as in chronic diseases, he recommended bathing in hot springs with the object in view of dilating all the vessels, and thus reduce conjestion. For anaemia, good nourishment and warmth were relied upon.

He discouraged the use of medical stones or warming helps, as they were called, which had been in use since the time of the Sung Dynasty of China; and he taught that the *Hachi-jū-ichi-Nan-kiyo*[54] (as it was originally written) should form the basis of practice, and not the views of later writers thereon. He also required his pupils to study the works of Chiū-kei,[55] author of the *Shō-kan-ron*,[56] a treatise on colds and fevers, and Katsukō, born during the reign of the Tsin dynasty (A.D. 265-322), who wrote eight volumes of a work entitled *Chiū-kō-bikiu-ho*.

Other authorities whose teachings he followed were, according to Mr. Kaku, the *Sō-gen-hō*[57] or *Sho-biyō-gen-kō-sō-ron*,[58] a work containing general discussions on the causes and symptoms of various diseases; the *Sen-kin-hō*,[59] by Son shi baku,[60] born during the Sung dynasty in China (A.D. 620-907) and the *Guwai-tai-hi-yō*,[61] by Ōju, born during the reign of the same dynasty.

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[53] "Cold fever."

[54] Containing solutions to eighty-one difficulties of the *So-mon*. See page 274.

[55] See page 296.

[56] 傷寒論 See page 304.

[57] 巢元方 See p. 278.

[58] 諸病源候總論.

Gotō Tatsu was the author of the *Biyō-in-ko*,[62] an examination into the cause of disease, in which the theory above mentioned, and known as *jun-ki-setsu*, is put forth, and also of the *Yū-tan-setsu*[63] and *Kiū-setsu*,[64] the latter works relating to the use of the *moxa*.

He adopted three different sized spoons, which he employed in making up medicines, and which have ever since been the recognized standard among physicians.

The *Kō-yo-i-gen*,[65] or Words on Medicine in Leisure Hours, was written by a pupil of Gotō named Kagawa Shūtaku, who also wrote *Yaku-sen*,[66] a work on the selection of medicines.

This Kagawa was the first to make minute investigations into the therapeutic value of the waters of hot springs of different localities, and he gave it as his opinion that the springs of Shirozaki in Tajima are the most valuable for the treatment of diseases. He believed that the temperature of the waters of hot springs was a sure guide to their therapeutic value, as was also the appearance of a rash upon the body while bathing; holding, on the one hand, that the higher the temperature, the more valuable the water; and on the other, that only those waters which produced a rash were at all beneficial. This, it is stated, is set forth in a work by Kagawa entitled *Yaku-sen-zoku-hen*,[67] a supplement to his work *Yaku-sen*, above mentioned, on the selection of medicines.

Another pupil of Gotō Tatsu, or Konzan, as he was sometimes called, was Yamamura Shigetaka, a native of the province of Ise, and also known by the name of Yamamura Tsūgen. He was the first, it is said, to employ artificial mineral waters, made in imitation of natural waters, in the treatment of disease. His formula, Mr Kaku states, was as follows: "Salt (sea) water, 5 *to*;[68] sulphur, 600 *sen*, and rice bran, 1 *to*. Put the rice bran into a bag made of *mino*, a coarse linen cloth, and boil it in two *to* of sulphur. The bran having been boiled until it begins to have a reddish color, strain the water and add the sulphur to it. The patient should bathe in this water three times daily, adding salt water from time to time and renewing it in winter after ten days. In summer fresh salt water should be added after four or five days, and one-half of the original quantity of sulphur and rice bran mixed in. In case sea water cannot be obtained, 5 *sho*[69] of salt may be dissolved in the usual quantity of water." The same writer, in commenting upon the conclusions of Yamamura, says:

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[59] 千金方 See page 277.
[60] 孫子邈.
[61] 外臺秘要.
[62] 病因考.
[63] 熊胆說.
[64] 灸說.
[65] 行餘醫言.
[66] 藥選.
[67] 藥選續編.
[68] The *to* equals 1097.52 cubic inches.

"According to recent experiments the therapeutic effect and chemical constituents of the hot springs of Shirozaki and Kusatsu, upon which the above formula is based, differ but little from what Yamamura believed them to be. The chief constituents of the Shirozaki springs are sodic sulphate, sulphuretted hydrogen, calcic chloride, sodic carbonate, and magnesic sulphate, and the water is excellent in all chronic diseases, diseases of the skin, paralytic affections, diseases of women, and wounds."

"The chief constituents of the waters of Kusatsu in Kōdzuke are ferric sulphate, aluminic sulphate, and free sulphuric acid. They have tonic properties and are useful in the treatment of chronic diseases of the skin, chronic syphilis, poverty of the blood, chronic abscess, gonorrhea, nervous diseases and rheumatism."

About this time, the treatment of diseases by emetics was first brought prominently forward by a physician named Okamura Riyochiku, also known as Nanzan, a native of Yechizen, and a pupil of Yamawaki Shotaku of Kiyoto.

Ogino Gengai of Kanazawa was another skilful physician of these times, and was a warm supporter of the employment of emetics in disease. He was the author of a work on the emetic treatment, called the *To-hō-hen*.[70] He also wrote a work upon acupuncture, in the practice of which of he had become celebrated; the name of this work is the *Shi-raku-hen*.[71]

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[69] The *sho* is one-tenth part of a *to* and equals 109.752 cu. in.

[70] 吐方編.

[71] 刺絡編.

A work upon the same subject, and called *Ki-sai-roku*, by Kakimoto Shingen, appeared about the same time.

Later, and in the latter part of the century, the emetic treatment had yet another ardent advocate in Yemi Sampaku, a native of Hiroshima, who advanced the theory that disease arose from stoppage of food in the stomach, and brought as proof the statement in the Buddhist books, that there were four hundred and four kinds of diseases arising from the food eaten, in the curing of which it was required that the patient should fast for four or five days. These views are contained in a work written by himself, and called *To-hō-shi-roku*.[72]

In the period of Hōreki (A.D. 1751-1763), and during the reign of the Emperor Momozono, still another school was founded, or rather an old school revived, by Yoshimasu Tamenori, also known as Tōdō, of Kiyōto, which school was called the *Ichi-doku-ka*, or school of one poison: so named from the views held by its founder, who believed all diseases to be due to the penetration into the system of a certain poison, the effects of which could only be counteracted by impressing the system with another poison equally powerful.

The theories of this school, which are said to have been derived from Hen Jaku and Chiū-kei[73] of China, and were held in antagonism to those received from medical writers of the Sung and later Dynasties, and led to the treatment, already mentioned, of first directing attention to the stomach and intestinal tract. The theory of the negative and positive essences and the five elements, the *In-yō-go-giyo* (陰陽五行) was still held by the Japanese of this time, and the method of treatment known as *on-ho* (warming and repairing) was greatly relied on.

The following is the theory of Yoshimasu:

"All diseases are due to a poison, or are poison. We attack poison with poison, and when the poison has disappeared the body is healed.

"There is, however, loss of *gen-ki* (元氣), original energy or spirit. Then why should we say *ho* (補), or that we repair?"

He also held that life and death are under the decrees of Heaven, but that disease comes within the domain of human control.

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[72] 吐方私錄.

[73] See page.

Death from sickness, he called a fate not decreed by Heaven, while to die at the hands of an unskilled physician, he held was an unnatural death; believing with the sage Mencius, that if when the utmost means have been employed, death follow, it is but the decree of Heaven.

Yoshimasu Tamenori was the author of the *I-dan* (醫斷), or, Medical Decision, and numbered among his pupils many who became noted physicians, such as Nakanishi Shinsai in Yamato, Mine Shōwō at Yedo, Murai Tōjū in Higo, Tsuru Genitsu in Hizen, Tanaka Genchiū in Harima, Yamabe Bumpaku in Nakatsu, and Momonoi in Mutsu.

Later, in the period of Anyei (1772-1780), another school arose, founded by Yoshimasu Nangai, son of Yoshimasu Tamenori. It appears that Nangai, after reflecting upon the theoretic teachings of the school of his father, the theory of the one (specific) poison, as the cause of all diseases, came to the conclusion that it does not hold in all cases; and thereupon he formulated the proposition, that a vital spirit and the uninterrupted circulation of blood and water in the system, are essential to a perfect state of health; and that any alteration in the condition of this spirit, or of the circulation of these fluids, as, for instance, their retardation or acceleration, constitutes disease: and that, therefore, there are in the human system these three points of attack, against which the specific poison may be directed. He therefore divided those diseases described by Chiū-kei in the *Shō-kō-chi-hō*[74] under three heads, as results of alterations in the vital spirit, or in circulation of blood or of water. From this doctrine the school became known as the school of the vital spirit, blood, and water.[75] It is said, however, that this theory, in reality, differs but little from that held by the so-called new school of the day, with whom the circulation of mucus (or lymph), instead of water, held an important place.

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[74] Mr. Kōchi states the theory of this school in the following words:—

"The human body is maintained by the unceasing circulation of spirit or air, blood and water. The origin of disease lies in any interruption or impediment of the circulation, which then assumes an abnormal condition. The poison is the same; but the causes of the poison are three. Thus, taking the symptoms of disease laid down by Chiūkei (仲景) as a foundation, he classified the various symptoms, and divided them under three causes. Drawing inference from the symptoms of disease, he discriminated between the agent and agency, ascertained the location of disease, discerned the rate of its progress and its condition, whether organic or functional; and attributed all diseases clearly to these three sources—the spirit or air, blood and water."

[75] 氣血水家.

Yoshimasu Nangai was the author of a work called *Ki-ketsu-sui-yaku-cho*,[76] on the therapeutic qualities of air (vital spirit), blood, and water. It is stated that the pupils of Nangai numbered over 3000, among whom were Nakagawa Shūtei in Yamato, Kaya Taian in Nagato, and Ogawa Yūsai at Yedo.

Contemporary with Yoshimasu Tamenori, there lived in Tokiyo, Mochidzuki Jō, also known by the name of Kunsan, and Sanyei Rokumon, who was the author of a work called *I-kuwan-gen-kō*,[77] containing numerous ancient prescriptions, and an attack upon the theory of the "five elements." His medical opinions may be classed as eclectic of the old schools. About this time, a system of treatment based upon the diagnosis of disease through an inspection of the abdomen, became quite popular. It is stated that although the anatomical teachings which gave rise to this system were derived from Chiūkei of China, its development is due to Japanese physicians, not a few of whom followed it in their practice. The method of diagnosis was first brought forward, Mr Kaku states, by Taketa Teika early in the 17th century, and afterwards found a warm supporter in Seoka Chōkei. Seoka held, it is stated, that in the practice of medicine there are three divisions, namely: evidence, diagnosis, and treatment. As to evidence or the symptomatology of disease, he taught that it was twofold—that which is derived from a general inspection of the body, and from the more minute inspection of the abdomen. The former method he held often led to mistake, but the latter he looked upon as infallible. It seems that this method depended principally upon a supposed anatomical arrangement of the viscera of the abdominal cavity, the notions of which were as yet inaccurate, and often false. The treatment was eclectic, and differed little from the methods of those schools already described.

The views of Seoka are contained in a work entitled *Shin-kiyoku-dzu-setsu*,[78] an illustrated treatise upon diagnosis, of which he was the author. The names of other works upon this subject mentioned by Mr.

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[76] 氣血水藥徵.

[77] 醫官玄稿.

[78] 診極圖說

Kaku are as follows: *Fuku-shin-hi-ketsu*,[79] by Taga Antei; *Shin-fuku-hō*,[80] by Kitayama Dōchō; *Fuku-shin-sho*,[81] by Hori Naoshige; *Fuku-shin-hi-den*,[82] by Takamura Riyōmu; *Fuku-shō-ki-ran*,[83] by Inaba Koku; *Fuku-shō-ki-ran-yoku*,[84] by Wakuta Tora.

In the last decade of the eighteenth century, there flourished the school of Taki Genkō. The founder of this school, regretting the decay into which his art had fallen, began the compilation of a new system of medicine based upon the more valuable prescriptions found in the Chinese medical works of writers from the times of the Han (B.C. 206 to A.D. 25) and T'ang (A.D, 620-907) Dynasties to those of the Ming (A.D. 1368-1644) and Ts'ing (present), as well as from various Japanese authors. This work, Mr. Kōchi states, was completed by Genkan's son. Genkan was descendant of Tamba Yasuyori,[85] and was the son of Taki Gentoku, and the grandson of Taki Genkō, the founder of a famous medical school at Yedo.

The following, relating to the establishment of this school, is taken from the "Outline History of Japanese Education," prepared by the Department of Education for the Philadelphia International Exhibition.

"A medical school was first founded on the Chinese system in the second year of Meiwa (A.D. 1765), by Taki Genkō, a physician of the Shōgun's Government.

"Genkō was a descendant of the family of Tamba; his forefathers were physicians in the service of the Imperial Court; one of them, however, was a physician of the Shogun.

"Genkō distinguished himself greatly in his profession, and in the above-mentioned year[86] he at length asked for and obtained from the Government a piece of ground at Soto Kanda, in Yedo, where he founded a private school, in which the younger members of the families of government physicians and the physicians of the several provinces and towns were able to study medical science. In the following year Genkō died, and was succeeded by his son Gentoku, who superintended the medical school. In the first year of Anyei (A.D. 1772) this school was burnt down, and Gentoku, at his own expense, rebuilt it. In the second year of Anyei (A.D. 1773) all the physicians in the service of the Shōgun were ordered to subscribe a certain amount of money toward the expense of this school. In the sixth year of Temmei (A.D. 1786) the school was again rebuilt, and new regulations were made, by which the sons of government physicians and other students were allowed to live within the school, and carry on their studies during the term of one hundred days in the two seasons of spring and summer of every year. In the third year of Kuwansei (1791) a new system was established, and the school received some land-endowments and became a government medical institution.[87]

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[79] 腹診秘訣. [80] 診腹法. [81] 腹診書.

[82] 腹診秘傳. [83] 腹証奇覽. [84] 腹証奇覽翼.

[85] See page 281.

[86] Mr. Kaku states that this school was established in the year 1756.

"The new system was formed under the direction of Anchō,[88] the son of Gentoku. He abolished the practice of admitting the physicians of the provinces and towns, and only admitted members of the families of the government physicians, limiting the age of those admitted to forty years and under. Besides which, he fixed days on which all the physicians of the Shōgun should meet and discuss matters relating to their profession. The office of school-director, however, was still held by Gentoku himself. On this occasion, also, all the officers of the school, such as supervisors, lecturers, compounders of medicines, etc., were appointed. When any patients sought advice, they were examined by all the physicians of the institution, and were supplied with medicines at the expense of the Government.

"Gentoku and Anchio, as a reward for having devoted themselves to this profession, and for having founded, rebuilt, and kept open this school at their own expense, received from the Government a certain sum of money. Since this the posterity of the Taki family have continued to be made directors of this school."

It is said that the principles held by this school had been previously, in a measure, set forth by Mochidzuki Sanyei, who, opposing the visceral theory, sought to reëstablish the teachings of the more ancient school. Contemporary with Taki Genkan, and holding the same views, were Fukui Fūtei of Kiyoto, and Isawa Shintei of Yedo.

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[87] It then received the name of I-gaku-kuwan, or the Medical Institute.

[88] Also called Genkan.

Considering the severity of the restrictions placed by the Government of the Shogun upon intercourse between foreigners and Japanese in the sixteenth and seventeenth centuries, it is not surprising that the study of foreign languages, and especially that of Dutch, as well as the study of Western medicine, made but little progress in Japan during the century following the advent of Dutch subjects at Dejima, and during the period of their restricted communication with the people of this country. Indeed, it was not until towards the close of the second century after the event just mentioned, that the real and lasting foundation of a school of Western medicine and surgery was laid, when a few earnest men, whose names ever deserve to be remembered with feelings of admiration and gratitude by their countrymen, whom they have so greatly benefited, were led to undertake the task of giving to Japan a translation of a Dutch work on anatomy, the first work of its kind ever translated into Japanese. One of these, Sugita Issai, better known as Sugita Gempaku, a skilful physician, a learned scholar, and himself the principal actor, has given us, in the *Ran-gaku-koto-no-hajime*, an account of the circumstances which led to the undertaking of this work, the difficulties encountered in its prosecution, and its final success. It appears that towards the middle of the eighteenth century, Nishi Zensaburō, Yoshiwo Kozayemon, and another Dutch interpreter, obtained permission from the Government to learn the Dutch characters, hitherto forbidden, with a view to learning to read and write Dutch. The Shōgun Yoshimune, having, soon after this, been presented with a Dutch book, ordered it to be translated, and assigned to one Awōki Bunzō, a learned scholar, and Noro Genjo, a court physician, the task of translating it. Awōki and Noro spent several years on this work, and in the study of Dutch, both in Yedo and at Nagasaki. While in Yedo, and soon after his return from Nagasaki, Awōki was applied to by a physician of considerable merit, then in the service of the Prince of Nakatsu (Okudaira), one Mayeno Riotaku, who was very desirous of learning Dutch, and whose enthusiasm pleased Awoki so much that he made him his pupil, and taught him all he himself knew. Later, Mayeno was sent by his master to Nagasaki, where he added to his knowledge both of Dutch and of Western surgery.

Among the friends of Mayeno Riotaku, was Sugita Gempaku, himself also in the service of the Prince of Nakatsu. About the year 1767 Sugita made a copy of the diagrams contained in a work on surgery (Hastel's ?), which he had contrived to borrow; and a few years later, in 1771, he became possessed, through the kindness of a friend at court, of two other books in Dutch, one of which was a work on anatomy (p. 329). In looking over this latter book, his attention was drawn to numerous discrepancies between it and what he had been taught was the anatomy of the human frame. Whereupon, to use his own words, he "was seized with a great desire to make practical observations, and to compare them with the diagrams already copied."

Opportunity offering shortly after in the privilege granted him to witness a dissection at the execution grounds of Kotsu ga hara (Plain of Bones), near Asakusa, Tokiyo, he joyfully availed himself of it, having first invited his friends Mayeno Riotaku and Nakagawa Kiyōwan to accompany him.

The "subject" turned out to be the body of a female criminal, known as Awocha Baba (Old Mother Green-tea), who had paid the penalty of her crimes with her head, having been condemned to undergo decapitation. The dissection was conducted by an old executioner, who had had some previous experience in this kind of work, an occasional duty which was at that time performed exclusively by men of his class.

Of the dissection, Sugita says: "As the executioner pointed out the different viscera, etc., there being no names written upon these different parts of the human body (as in the tables), we were compelled to be content with what we were told. * * * However, we compared it with the diagrams of the book (which Mayeno had brought with him) and found that there was no difference whatever, while what they had been taught in Chinese books as to the six divisions of the lungs, the three divisions of the left liver, and four of the right, as well as the anatomical arrangement of these and other viscera, was found to be quite incorrect." Sugita further tells us, that Okada and Fujimoto, court physicians, had already witnessed some seven or eight dissections, but had been unable to account for the anatomical differences detected by themselves between the actual dissections and what they had always supposed to be the internal arrangement of these viscera, except upon the ground that the anatomical structures of one race differed thus widely from those of others.[89] Stimulated by a desire to understand more of anatomy, and filled with a sense of shame that men of his time knew so little of the structure of the human body which they professed to understand, Sugita, with his friends, determined to make a thorough study of Dutch, with the hope that they might be enabled to give to their countrymen a Japanese translation of this work on anatomy (Tafel Anatomica by John Adams Kurumanns), of which they had been so fortunate as to become possessed. As Sugita knew at this time but little more than the alphabet of the Dutch, and Mayeno's Dutch vocabulary embraced but a few hundred words, their progress was necessarily very slow and tedious.

Speaking of some of the difficulties they met with, Sugita says:[90]

"At that time, we did not know anything about such auxiliary words as *de*, *het*, *als*, and *welke*, and therefore, though we might occasionally meet with words that we knew, we could not make any connected sense out of them ; for instance, such a simple sentence as, 'the eyebrow is hair growing a little above the eye,' was all confusion ; and we had to spend a long spring day, even till dark, thinking and thinking, as hard as we could over it. One day when we came to the nose, it was said, that it was the thing that is *verheven ;* we did not then have any dictionary, but in looking over the list of words which Riotaku had brought from Nagasaki, we found that it was said that the tree is *verheven* when a branch is cut off, and also, that when a garden is swept and the dirt put together, it is *verheven*. As usual, we fell to thinking, but could not make it out. A bright thought came to me, that when the tree whose branch has been cut off, heals, the place is slightly elevated, and again, that the dirt accumulated will of course be elevated. Then the word must mean 'elevated.' All agreed that this was quite reasonable, and decided that the word should be translated 'elevated.' The feelings of joy which I experienced then can not be told. I felt as if I had obtained a whole castle full of precious stones." Gradually, however, with wonderful perseverance, by meeting six or seven times every month, they became better acquainted with the language; and after a while were able to translate as many as ten lines in a day.

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[89] In a recent number of the *Kō-i-gep-po*, a monthly journal devoted to medicine, and also in the Tokiyo *I-ji-shin-shi*, or Tokiyo Medical News, it is stated, in a historical sketch of anatomy in Japan, that, with the exception of the post-mortem examination made in the fifth century (see page 263), anatomical dissection of the human body was not practised until the sixteenth or seventeenth century. The first dissection mentioned in history was performed by a medical officer of the Prince of Nagato ; but as the drawings made at the time were kept secret or suppressed, little is known of this work. Later, in the middle of the eighteenth century, Yamawaki Shōtoku obtained permission from the Government to make dissections, and soon after published a work known as the *Zō-shi* (臟志) or description of the internal organs. Still later, in the first decade of the nineteenth century, the *Kai-zo-dzu-fu* (解臟圖譜) on the anatomy of the inner organs, by Komori Tō-o, was published.

[90] Mr. Mitsukuri, on the Early Study of Dutch in Japan. Asiatic Soc. Tran., vol. v, part i, page 213.

The whole work took four years for translation, during which time it was re-written eleven times; and was finally published by Sugita under the title of *Kai-tai-shin-sho*, "New work on Anatomy."[91] He had entertained doubts as to the safety of publishing this work at the time, as but a little before a book had been suppressed only on the ground that it contained the Dutch alphabet.

The work, however, was well received, and passed, Dr. Sugita Gentan states, through two editions and a revision. It consisted at first of three volumes, but having been revised some years later by Udagawa Genshin, it was enlarged to thirteen volumes, and was called *I-han-tei-kō*[92] (an outline of the principles of medicine). Sugita, together with his friends Mayeno and the others who assisted in the work, received many honors, and a great number of students flocked to them from all parts of the country.

The following are the titles of other works written by Sugita: *Chō-i-shin-shô*[93] 瘍醫新書, New Book on the Treatment of Sores; *Kei-yei-ya-wa*, 形影夜話, Night Talks with a Shadow; *Yō-jō-shichi-fu-ka* 養生七不可, Seven Hindrances to Hygiene; *Kō-ken-gusa* 後見草, The Guardian Grasses; *Tama-mi-so* 玉味噌, Precious *miso*,[94] and *Ki-tetsu-doku-go*, 耆耋獨語, Soliloquy of an Octogenarian.

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[91] 解体新書.

[92] 醫範提綱.

[93] The second and third parts of this work were written, or rather translated from the Dutch (?), by Osawa Gentaku.

[94] *Miso* is a kind of fermented sauce made from soy beans (Glycine hispida), very generally used as in soups, etc., and considered a necessary article of food. The reference is probably to the character of the contents of the work.

Among the works by Sugita above mentioned, there is one, the *Kei-yei-ya-wa*, in which the author has given an account of his early medical impressions, and also his views upon the state of medicine at about the time he published his work upon anatomy, and shows that it was by no mere chance that he became a benefactor to his people, but by determined purpose. He has recorded his thoughts in the form of a dialogue between himself and the "Shadow Priest," as he calls his suppositious interlocutor. He says:—

"One night I had a talk with the 'Shadow Priest;' he said:

"'Tell me now, since medicine has been the profession of your family for ages, what is the true secret of medical learning?'

"To this I made reply: 'Medicine has been ranked by some with the lowest of the arts; yet it is entitled to far higher estimation; for has it not been said, that he who cannot become a good minister of state, should at least become a good physician? showing that the sages did not regard our profession as useless to the people or the state. If we look about us, we find in the common arts many who are most skilful, while among those who follow the profession of medicine there are but few such. If search be made for the reason, it is this: that we who look from the outside, into the inner unknown, to discern, if it be possible, the conditions there existing, and to determine what means shall be taken to restore the body to the normal state of health, meet with many difficulties; while those who follow the other arts have but to do with things which they can see and feel, and upon which they can work out the thoughts of their minds. Yet, even such skill is only gained by long study. Horses and cows have been familiar to us all from our earliest childhood; yet how few there are who can draw, even passably well, pictures of these animals. The same principle holds good in medicine. Some one asked of Sō-gi-hōshi what he considered to be the secret of success in the art of composing poetry to which he replied: Like it; simply, like it. And so the proverb runs—To love an art, is to become skilful in it. Hence it is that the man who has natural talent, and a love for his profession, is sure to become proficient in it. He who has learned, to the extent of his ability, and in turn dispenses his knowledge to the world, is worthy of great honor. Talent is the gift of heaven; but if we have it not, we cannot help it.'

"The Priest then said: 'There is much truth in your words. Have you not more to say?' and I continued:

"'It seems to me, that, not only in drawing and poetry, but in all other arts, he who loves his art is a true artist, and is sure to become successful. Among the personal acquaintances of my younger days, there was a man named Tomioka Moriyemon, who was short-sighted from his birth, and could not see distinctly even the mouth of a tea-kettle; for, it is said of him, that once upon a time, when he attempted to pour some hot water from the kettle into a cup, he received a most severe scald from the hot liquid, which, missing the cup ran down over his thigh; yet this man, at gun-practice, with unerring aim, never failed to hit the mark, although it were a hundred feet away. In his youth, it is said, he could count the birds swimming about far out in the lake, and that in this he never made a mistake.

"'Yamada Hansuke, who in youth was a skilful rider, became a cripple in old age, and could hardly walk at all: so that, when he went to the palace of his prince, he was permitted to ride. He was so helpless upon his feet that he had to be lifted by a servant to his horse's back; but when once mounted, no horse in the empire could unseat him.

"'Kuboshima Shuntetsu, who practiced the art of acupuncture, could not cut toasted *tō-fu*[95] with his chop-sticks after he was attacked with paralysis; yet, whenever he took his needles in hand, his skill returned to him, as in his younger days.

"'Udagawa Heibe, who was a most skilful tailor, and who could cut out clothes without any pattern, when he became old, and his eyesight failed, would add two-tenths to every inch of the cloth, as he measured it with his eye, saying that the eyes of an old man see things this much smaller.

"'These were all my personal acquaintances, and were true artists, for they loved the arts they followed.

"'I have heard it said of Arai Hakuseki, who was a great scholar, that he used, each night, to write down the substance of the conversations held with his friends during the day: and, that he might refresh his memory, he often read these notes when alone.

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[95] A kind of bean curd.

"'It is related of Sorai, who was also a scholar of extraordinary attainments, that on one occasion he and his cousin, an officer of Takamatsu, listened to a long and uninteresting discourse upon military tactics, during which the lecturer (who was himself only a tactician, with little practical knowledge) was guilty of numerous incongruities, and made grievous mistakes. Upon their return home, and while waiting for supper, Sorai surprised his cousin greatly by writing out and criticising all the mistakes of the lecturer. Such was the assiduity with which these two remarkable men followed the pursuit of knowledge, having made illustrious names for themselves, as founders of great schools of learning.'

"Priest: 'Hakuseki and Sorai were men of extraordinary talent. How can others, not possessed of such talent, attain to the point these men reached? Skill, in medical treatment especially, is well known to be difficult of attainment. On what foundation, then, can we build, who would become skilful in medical matters?'

"Sugita: 'Many years ago, Nakamura Hikozō, a scholar of Takamatsu, taught his pupils to commit everything to memory (literally, until it pierces the heart). What we call intelligence and wisdom, is nothing but the remembering well that which has been seen or heard, and the making practical use of it when opportunity offers. In a word, he who applies himself diligently to anything, and whose mind is ever awake to catch every suggestion, is intelligent. This is the first great point in the study of medicine.

"'From most ancient times, and even to the present day, those who have founded schools of medicine were men of extensive learning and great talent. The theories, however, upon which they built were not well founded; consequently they failed to see the truth correctly, for there are few things founded upon real experiment, and facts well ascertained, in the standard works of medical writers, from the ancient time of the *So-nan* (p. 263), down to those of more recent date.

"'The art of medicine has for its object the healing of diseases of the body. It is, therefore, necessary, in the first place, that we should know the structure, form and functions of the different portions of the body, internal as well as external. Hitherto, this knowledge has not been acquired. Some held that the gall bladder is on the left side; others thought it to be on the right. This ignorance is carried so far, that we are told that food and drink go first to the gall and then to the spleen, and from thence pass to the stomach; and there have been none to investigate these matters. Katsu, of the Yuen Dynasty, for instance, said that the point of conjunction is on the lower part of each vertebra, while Cho of the Ming Dynasty held that it was on the upper, making a difference of about one inch in the matter of the backbone. None, however, have felt any wonder at such a discrepancy, and each one has followed whatever opinion he chose. If there were any who loved the art of medicine truly, we should not expect matters to have remained so long in such a state.

" 'Anatomically, men are nearly alike; and is it not plain, that, if there be such differences of opinion as to the structure of the body, medical treatment cannot but be empirical?

" 'In this country Gotō Konsan (p. 320) broke away from these absurdities, and putting forward a theory of his own, repudiated the false views of the *Nai-kiyo* (p. 298). He saw that the generally accepted theory of the various systems, and their relations, were not only fallacious, but utterly useless. Truly, this was a bold and brave step to take, such as we have not seen in the world for a thousand years. His pupil Kagawa followed after him, and was the founder of a school of medical opinion.

" 'Later, Yamawaki appeared, who produced a work upon the observation of the phenomena of the internal organs, entitled *Zō-shi*. Although he did not bring forward any accurate facts, he nevertheless showed what was the true method of inquiry.

" 'Yoshimasu (p. 324), however, was the greatest man of recent times. He studied only one work closely, the *Shō-kan-ron* (p. 319), as there was no other which could be made the foundation of medical treatment. Even in this book he found very few accurate facts, and many errors, and so he selected only such as he thought best. He finally came to the conclusion, that the phenomena of the pulse is of little value as a means of diagnosis, which, he held, could best be made through an inspection of the abdomen. He came to this conclusion necessarily, as a result of his investigations; but at this time could go no further.

" 'My own family have rendered medical service to our prince for many years, so that I could not escape from this profession even if I chose. Moreover, it is not an art which I dislike, so I have studied the medical books of the Chinese, as well as our own, since my youth. I did not at first, however, from my natural inaptitude, understand the meaning; and thinking that others did understand, for many years I felt much ashamed of my ignorance. When I was about twenty-two years of age, my friend Kosugi Genteki returned from Kiyōto, where he had been pursuing his studies, and told me of the dissection of the human body made by Yamawaki Tōyō (p. 329), who had made the discovery that there were many errors in the anatomical views current in the world during so many hundreds of years. I also heard of Matsubara and Yoshimasu, who were then leading in the revival of our ancient methods of medical treatment. I was filled with great admiration for such men, and having heard that within the domain of medicine, as on the battle-field, great heroes had arisen in the West, and desiring not to be a follower at their tails merely, I made up my mind that having happily been born in a family the profession of which was the healing of sores, I would in earnest make this my life work.

"'Although I had determined what I would do, I could find no way of accomplishing my purpose; nor was there any help at hand, so that for some time I labored and strove in vain. Having read by chance the work by Sorai called *Gin-roku-gwai-sho* (鈐錄外書), wherein it is stated that the true tactics of war is not such as taught by the so-called tacticians nowadays, I became convinced that such was also the case in medicine, and that real progress cannot be made unless our system of medicine be thoroughly renovated and reformed. After this, I saw that the true principles of medical art were those brought to us from Holland, the country far away in the West: for in that country it is a recognized principle, that true medical art is founded upon an accurate knowledge of the normal conditions of the various portions of the body, both internal and external. If we are not accurate in our knowledge of these, our attempts at treatment are made in the dark. Let me illustrate. When the physician of to-day goes to the house of the sick, and, in the first place, feels the pulse of the patient, he feels, it is true, the rising and falling pulsations under his fingers; he counts their number; but he knows only that it is called the pulse, and no more. How foolish! Moreover, various names are given to the same pulsation, which, in truth, is caused by the circulation of the blood in the blood-vessels. Such distinctions, therefore, are useless. Physicians waste their energy in studying such things, and after all, seem only to know that when there is heat or fever the pulse becomes quicker.

" 'One who understands, however, the physiology of the internal organs, can readily explain this phenomenon of the pulse. Now what are called the pulses, are in reality blood-vessels, through which the blood is circulating. The origin of these vessels is in the heart, with which they are connected by means of a great tube, and through which the blood is continually shooting out and circulating in all the parts of the body. If we desire to know the condition of this circulating fluid, nothing is practically better than to feel the pulse and observe its movement. The opinion of Yoshimasu, that the pulse is of little use in diagnosis, was indeed too far advanced beyond the real truth, and was undoubtedly erroneous; but as there were no books at that time which gave a true explanation of it, his was indeed a heroic decision, and that of a great man who had no other reasonable course left for him to take. I feel sure, had he then heard of such medical truths as are found in the books of Holland, that he would have rejoiced greatly; but, alas, he has gone to another life.' "

Before closing this brief account of the labors of Sugita and his co-laborers, the writer is constrained to give expression to the opinion gained by reading over the writings of this author, and by what he has since heard from friends, that Sugita, in his sincere desire to be a benefit to his countrymen, had also come to entertain a deep respect for the truths of the gospel of the "forbidden sect," if he had not actually become a believer in them.

It is true that in the opening pages of this book, to which reference has just been made, he says, in speaking of the Portuguese, that "they came to make trade in public, but wished some other things in private. And again, "The erroneous religion we do not know at all"; but in the next sentence he says: "Nor have we any argument against it." It was his custom, when meeting with words which it was impossible to understand, in the translation of his work on anatomy, to mark opposite each a *kutsuwa* (cross in a circle); and it is related of him, that he always accompanied the sign with a prayer to God that the meaning might be shown him. Another curious, although not necessarily significant coincidence, occurs in the names adopted by some of his pupils, as, Udagawa *Yoan* (John) and Tsuboi *Shindo* (believing doctrine).

The descendants of Sugita, even to the present generation, have followed in the footsteps of their worthy ancestor, and have by their benevolent labors done much toward bringing about the great change which has taken place in this country within the last century, and the establishment in this Eastern Empire of a new civilization, one of the forerunners of which was the introduction of Western medicine.[96]

In the latter part of the eighteenth century, and the earlier part of the nineteenth, there lived at Yedo one Ōtsuki Moshitsu of Sendai, a pupil of Sugita and Mayeno, who rendered great service by translating numerous works from Dutch into Japanese. He gave to Japan her first grammar of the Dutch language in Japanese. Among other works, he published a revised edition of Sugita's Anatomy. He died in 1827. Among his pupils were Udagawa Gensai of Tsuyama, Inamura Sampaku of Tottori, Yamamura Saisuke, Yasuoka Genshin of Ise, and Hashimoto Sōkichi of Ōsaka. Of these, several became famous, among whom was Yasuoka Genshin, who published a work on physiology, and whose son, Yoan, published the first book in Japanese on chemistry, the *Sei-mik-kai-sō* (舍密開宗). Yoan also published an anatomy called the *I-han-tei-kō* (醫範提綱).

In 1848 the Shōgun decreed that Western medicine should not be practiced in Japan, and the use of foreign medicines was likewise forbidden, for the reason that there existed great physical differences between foreigners and Japanese, and, therefore, the remedies which had proved efficacious in the treatment of the diseases of foreigners, would not necessarily cure the diseases of the Japanese, but on the contrary might prove an injury. The practice of Western surgery, however, was not prohibited.

Excepting Kasper, at Yedo, in 1644, the first European after the closing of the country to foreigners who, with the consent of Government, taught Western medicine, was Dr. von Siebold, who in about the year 1824 gave instruction to a few pupils at Nagasaki. He also exerted his influence to induce the Government to introduce the practice of the art of vaccination, discovered by Edward Jenner, and made public by him in 1798.[97]

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[96] The frontispiece to this paper, representing Sugita Gempaku (or, according to the Western custom of placing the surname first, Gempaku Sugita), has been drawn from a statuette in wood, made during the lifetime of Sugita, and now in the possession of his descendant, Dr. Sugita Gentan of Tōkiyō.

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[97] The following extract from a brief sketch of the life of Baron von Siebold appeared in the *Japan Weekly Mail* of December 27th, 1879, for a copy of which the writer is indebted to Mr. Henry von Siebold, Secretary to the Austro-Hungarian Legation:—

"Dr. Siebold first went to Yedo, the capital of the Empire, and residence of the Shōgun, a town said to contain a million and a half of inhabitants, in the year 1826. Here he had the fortune and honour of being received by His Highness the Shōgun; *i.e.* of expressing devotion in a crawling posture. The embassy soon returned to Nagasaki; but Siebold received permission to remain longer in Yedo, on condition that he would instruct Japanese physicians further in medical and surgical knowledge. That he used this permission for a further stay in the capital as much as possible for the purpose of increasing his collections and information, can easily be understood; but still he felt bound in gratitude to exert himself in spreading knowledge among the Japanese who surrounded him. His labours in this direction were certainly beneficial to Japan; for it must be said to the credit of the people, that, if they have certain failings, and especially a love of gain, in common with other Asiatic nations, yet they honourably distinguish themselves from the others by their thirst for knowledge, and their capacity for acquiring it.

"From Yedo, well assisted by his pupils, he was enabled to penetrate the innermost secrets of Japan; and the Japanese, forgetting their patriotic duty to conceal all from the foreigner, betrayed matters which up to that time were unknown to the student. Even treasures from sacred temples devoted to the Buddhist or Shintō faiths were given to him for his good words or his gold. All kinds of drawings and maps came into his possession. One of the highest persons in the empire, the chief court spy, made him a present secretly of the chief map of the country, which voluntary gift Siebold naturally felt himself obliged to acknowledge with hard ducats. He accomplished all this, notwithstanding the isolation of the Japanese, and the strict laws of the land. But to the student himself the materials which he had collected seemed already so much, that if they were to be of any scientific use he must make up his mind to put them in order, and therefore he concluded, surprised and overjoyed at the unexpectedly brilliant results of his studies, to proceed to Europe, whither he had already sent the greater portion of his treasures. But in this zenith of his fortune, there came a serious danger suddenly, like a thunderbolt in a clear sky. One of those whom he had bribed, but who seems to have received too little, informed the Shōgun of the story of

The practice of vaccination, it is stated, was introduced into Japan by Dr. Mohnike, a Dutch physician at Nagasaki, in 1849, and a few years later by Japanese physicians at Yedo. It seems, however, that the art was known and practiced some years previous to this time in Yezo, where it is said to have been introduced from Russia by Nakagawa Goroji, a fisherman of Matsumai; for the following account of which introduction the writer is indebted to Mr. K. Uchimura, an officer of the Department of Agriculture and Commerce, and formerly connected with the Agricultural College at Sapporo, Yezo:—

> There was a fisherman of Matsumai (Yezo), named Nakagawa Goroji, who while out fishing one day, was overtaken by a storm, and was driven to the coast of Siberia. The Russian Government at that time was commencing to introduce vaccination from England among the people.

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the map which the chief court spy had sold to Siebold. Both were thrown into prison and were tried as traitors to the country. Sentence was given that, instead of the public punishment of their offence, they were both to commit *harakiri*. Whether the court spy, in devotion to his master, and from loyalty to the law of the land, actually did so, or not, is a secret; but it is certain that for a considerable time it was believed that Siebold would be forced to commit suicide, or undergo the full penalty of the law. Meantime his friends and countrymen exerted themselves in his favour, and at the end of fourteen months detention he was released and sentenced to perpetual banishment from the empire. On the 1st January, 1830, Siebold left Nagasaki, where he had been incarcerated.

"After a stay of six years, full of difficulties and dangers, but joyful in a wide range of knowledge, and above all rich in information and experience, bringing to his native land a hitherto unknown, unexplored, kingdom of natural and art treasures, Siebold arrived in Holland in July, 1830.

"During his stay in Japan the great work: 'De historiæ naturalis in Japonica statu 1824,' was completed, as also 'Epitome linguæ japonicæ,' in Batavia 1824. After his return appeared 'Catalogus librorum japonicorum,' and 'Isagoge in bibliothecam japonicam;' and in 1833 'Bibliotheca japonica' in six volumes in Leyden. He had presented the greater part of his collections to the museum at Leyden, where he arranged them himself, thus making this one of the most valuable and interesting of existing museums. In 1832, appeared at Leyden a magnificent edition of the 'Fauna japonica,' in completing which work Siebold received valuable assistance from the zoologists Temmink, Schlegel and Hann. In the publication of the 'Flora japonica' he was also indebted to the learned botanist Zuccarini, of Munich. He had done good service by introducing the tea plant from Japan into Java; and also enriched our gardens by bringing home many hundreds of new shrubs, and ornamental as well as useful plants."

Nakagawa lost no opportunity of learning the art himself, and when he returned home, which was in 1824 (25 years earlier than the first introduction of vaccination at Nagasaki by the Dutch), he immediately put his knowledge into practice by vaccinating some girls. A few years after, an epidemic raged through the land, and many escaped from the attack through this operation.

His reputation went through the vicinity, and attracted the attention of Dr. Sakurai Shōzen, who had just returned to his home in Matsumai, after studying in Kiyōto. Sakurai at once learned the art from the fisherman, and practiced it upon his relatives with good results. Nakagawa was promoted to the Samurai class, and died with the honor and respect of all around him, at the advanced age of more than 70. After Nakagawa's death, Sakurai made many innoculations, and also taught others the art. There are some still living in Matsumai who are 60 or 70 years old, on whose arms are to be found the scars of vaccination, and who tell us of the work due to the fisherman Nakagawa.

Thus it will be seen that the first introducers of vaccination were not great doctors like Drs. Kuwata, Hirose and others: neither was Nagasaki the place which first received its blessings; but away in the northern extremity of the country, in the obscure town of Matsumai, by a poor fisherman, the sole preventative of one of the greatest epidemics which has destroyed so many of the children of men, found its way to our Empire.

As to the introduction of the practice of vaccination at Tōkiyō, the following has also been kindly furnished the writer by Mr. Uchimura:—

The introduction of vaccination into Tōkiyō met with much opposition, on account of great prejudices on the part of doctors of the old school. Indeed, I know of a case of a very skilful physician, (of the Chinese school,) who persisted in his belief until his death, which occurred but a few years ago. He had a grandson, whom he loved most dearly. His relatives and friends all advised him to get this boy vaccinated, but his prejudice was so great as to cause him to hesitate in the acceptance of this advice, till, alas, the little fellow was carried away by the epidemic. This great trial was not, however, sufficient to remove from him his ignorance about the matter, even until the time of his death. Such was the firmly established predjudice against vaccination among the physicians of his class. If I remember correctly, the first man who dared to introduce vaccination into the City of Tōkiyō was the prince of Sakura. He was a man of broad intellect, and impressed beyond all other princes with the superiority of European learning over our own. He sent some of his *kerai* to Nagasaki to study the "new medicine," and early became convinced of the necessity of introducing vaccination to prevent small-pox from carrying its devastations among so many of our countrymen. To convince his followers of the efficacy of the inoculation, he compelled one of his maids to be vaccinated; and indeed, the experiment succeeded so well as to set at rest all anxiety concerning her during the epidemic. He then tried it on several others, his near relatives, and children of his own followers, who were compelled to be innoculated by the "dangerous poison," as they thought it, and sometimes the "master's whip" was necessary to force them to submit to the experiment. Singularly enough, I myself was under the motherly care of the above mentioned lady for about a year, and I heard the story from her own lips. Some of the history of vaccination since that period will be found, I think, in the report of the Tōkiyō University for the 10th year of Meiji.[98]

Following Siebold at Nagasaki, and first to organize a foreign medical school under the auspices of the Tokugawa Government, was Pompe van Meerdervoort, who in 1857 was invited to undertake the direction of the school so founded.[99] Shortly afterwards, the first foreign hospital was established, and Dr. Pompe van Meerdervoort became the

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[98] The writer is indebted to Dr. J. C. Berry of Okayama for the following statement, obtained from a Japanese source, and relative to the introduction of the art of vaccination at Nagasaki and Kiyōto.

"In the Spring of 1849, the Dutch physician Mohnike brought to Nagasaki vaccine virus from Manila (?) '(from the island of Luzon).' Before this, the physician of the Prince of Yechizen, Kasahara Dōsaku, had heard of the advantages of vaccination and had spoken of the same to his Prince, who in turn, had pressed it upon the notice of the Government.

"The first person vaccinated was the child of the interpreter Yegawa of Nagasaki. The scab was sent to a Kiyōto physician, Hino Tōzai by name, who vaccinated his grand-child. From this child the virus was again sent back to Kasahara the Yechizen physician, from which time the operation became generally observed."

[99] The Journal of the North-China Branch of the Royal Asiatic Society, May, 1859, No. II, for a copy of which the writer is indebted to Mr. J. C. Hall of H. B. M.'s Legation, contains an interesting account by Dr. Pompe van Meerdervoort of the opening of the Medical School at Nagasaki; from which account the following extracts have been made:—

"The first public instruction, in medical and surgical sciences given by any European in Japan, was my inaugural address, delivered on the 15th of November, 1857. The nature and state of the natural sciences, and their influence on civilization, were described in general, and then their particular application to medicine and surgery. In doing this, I explained to my new scholars the object of my mission, the importance of what was to be done, the great extent of the natural sciences, and the relations to each other in which all these branches stand, so that each branch forms a link of the whole chain of nature; and with a desire to excite them onward in their new course, I pointed out the way in which, by indefatigable application and persevering study, all the great difficulties they attending physician, being assisted by Matsumoto Riyōjun of Yedo. From this school, Itō Gempaku, afterwards called Hōsei, and Hayashi Genkai, afterwards called Ki, the two most proficient scholars, were sent to Holland for further education.

These were the first students sent to Europe for medical education. The former was the adopted son of Itō Gempaku, and the latter the son of Hayashi Dōkai, both prominent physicians of Yedo.

The following named Dutch physicians, after Dr. Pompe van Meer-

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might have to meet could be overcome; also I gave them the assurance that I would do all in my power to aid them in their labors and to facilitate their progress in learning.

"At the close of this address, the senior student, or rather the one highest in rank among them, in behalf of himself and the others thanked me, in a few hearty words, for the kindness shown in entering on this mission, and in now commencing my new task as their instructor, assuring me that they had long felt the want of greater facilities and aids in scientific pursuits, which hitherto had been much retarded by their old institutions and system of government.

"The Japanese have little knowledge of anatomy; and as no one of my pupils had the least idea of the science, I began by teaching them general and descriptive anatomy, so far as it was necessary for the good understanding of the different parts of the science. Three times a week I gave a half-hour's lecture; but in practical demonstrations I have found very great difficulty, because the use of dead subjects is not customary among this people; at least not in presence or under the direction of a foreigner; and the officers of government fear to give their consent to it, as it conflicts with the moral and religious institutions of the Japanese people. I have spoken much about this matter and sent a memorial to to the government at Yedo; which document was given to the Imperial council by Mr. Donker Curtius during his visit to the court of Yedo a few months ago. In that memorial I dwelt extensively on this point, and acquainted them with the necessity of practical demonstration on dead bodies; but the only result I have reached is a promise that I should dissect the first condemned and executed criminal; but I think that since the time I received this promise several executions have taken place, and still I live on promises. My instruction has been given by demonstrations on engravings; but every anatomist will coincide with me in saying that this is a very unsatisfactory manner to teach anatomy.

"The science of Physiology, was totally new to the Japanese, and most of them did not know it even by name. I followed in my lessons the beautiful physiological work of Professor Donders and Dr. Bauduin; but was obliged to pass covr several complicated parts, especially about physiological chemistry."

dervoort, were, at different times, in charge of the school at Nagasaki:[100]—Drs. Bauduin, C. G. van Mansfeld, van Leuwen van Duivenboden, Fock and Beukema. Dr. E. Schmidt, of the American Episcopal Church, who arrived in 1860, the year following Dr. Hepburn's arrival at Yokohama, was the first medical missionary in Nagasaki after that port was opened to foreigners as one of the treaty ports. He at once opened a dispensary, but remained only about eighteen months, having been compelled to return home on account of ill health.[101]

In 1853, Commodore Perry with his fleet made his appearance in Japanese waters. In the following year, the treaty with the United States was concluded, and soon afterwards other great powers entered into treaty relations with Japan. Previous to this, and for a long period, the Dutch physicians had been the only foreign teachers of Western medicine in this country, and they were, with the exception of the occasion of their short annual visit to Yedo, only allowed to teach at Nagasaki.

From the period of Tempo (1830-1843) the most prominent Japanese physicians of Yedo were Itō Genboku, Totsuka Teikwai, Ōtsuki Shunsai, Hayashi Tōkai and Takenouchi Gendō. In 1858 these physicians founded a society with the object of establishing an institution for vaccination, which proved a success, and out of which grew the present Medical Department of the University of Tōkiyō.[1] As the establishment of this Institution for vaccination exercised no small influence in breaking down the prejudice against the medical methods of the West, and in establishing the practice of the same in this country, a brief historical sketch of the foundation and subsequent development into the present Medical Department of the University, is perhaps not here out of place. Being desirous of extending the practice of Western medicine, Itō, Totsuka and Takenouchi, with 77 others, formed themselves into a society for the purpose of founding an institution for vaccination, collected some 580 yen, and having obtained permission of the Shōgun's Government, established a place of meeting at Otamaya Ike, Kanda. Kawaji Sayemon-no-jō, the Kanjō Bugiyō, becoming interested in the scheme, and in order to assist in carrying out the project, gave to the society a piece of his own land, whereon a "Hall of Vaccination," as it was called, was erected; but no instruction was as yet given. Very soon after, however, the building was destroyed by fire and, a new site having been obtained, the Institution was removed to another place. (At about the same time, the Shōgun Iyesada, having been taken seriously ill, sent for Itō, Totsuka and Takenouchi, and appointed them court physicians). In the following year (1859) a new building was erected at Shitaya, Idzumi-bashi-dōri, whither the establishment was removed. In 1860 the Shōgun's government contributed a sum of money towards meeting the expenses of the institution, which was now called *Shiu-tō-jo*, (vaccination place). In the year following the government assumed the whole expense, and remodelled the *Shiu-tō-jo* into a medical school, and gave it the name of *Sei-yō-i-gaku-sho*, or, Institute of Western Medicine. Ōtsuki Shunsai, a physician of one of the Tokugawa *hata-moto*, was appointed superintendent (Tōdori, the first appointment of a physician of the Western School of medicine to this important post,) and Tsuboi Bōshiu and Shimamura Teiho, professors (Kiyō-ju). Dormitories were built, students allowed to enter, and one or two branches of medicine were taught. Besides these, a few were selected from among the members of the society, who also gave lectures at this place in chemistry, anatomy, vaccination, etc. In the same year Itō Gempaku became Director-general; and in the following year (1862) Ogata Kiyōan, a court physician, was called from Ōsaka to assume the duties of the post of superintendent, made vacant by the death of Ōtsuki, while Ikeda Tachin, also a court physician, was made assistant.

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[100] Hoffman. Transactions of the German Asiatic Society, part i, 1883.

[101] The writer is indebted for information respecting early medical missonary work in Japan, to Dr. Verbeck's interesting paper upon the History of Missions, read before the Ōsaka Missionary Conference held in 1883.

[1] Calendar of the Medical Department of the University, 1880-1.

The post of Superintendent of the Sei-yō-I-gakko having, by the death of Ogata, again become vacant, Matsumoto was selected to fill the office. In 1863, the name of the school was again changed, the word "Western" being omitted.

At the time of the Restoration in 1867, the hospital was closed for a short period, but was re-opened by Imperial command, and together with the school, placed under the charge of the Army Department. A new, but temporary military hospital was also established at Yokohama at about the same time, to serve as a receiving hospital for wounded soldiers from the north-east, and Dr. Willis was appointed surgeon.

In September of the same year, this hospital was removed to the former Yashiki of the Daimiyō of Tōdō, at Shitaya, in Tōkiyō, and was named the *Tai-biyō-in*, or Great Hospital, and to which the medical college was united.

The first Director of the Hospital was Mayeda Shinsuke, who was soon after succeeded by Ogata Ippin; the vice-Director was Ishigami Riyōsaku. At this time, the Hospital and medical College were under the control of the Army Department, but soon after were placed under the superintendence of the Municipal Government of Tōkiyō. In the early part of 1869, the Medical School and Hospital were permanently united under the title of the "Medical School and Hospital," and in the month of May, of the same year, the management of this hospital and college was transferred to the University, which was then formally known as the Kai-sei Gakko, and which now became the Dai Gakko, and a little later, Dai Gaku. The name of the hospital and medical school was again changed to Dai Gaku Tō Kō, or Eastern College of the Dai Gaku, or University.

The affairs of the College and Hospital were entrusted to the care of Iwasa Jun, and Sagara Chian, both *Gen hanji* of the University. In 1870, a memorial was presented by the college authorities to the Government, setting forth the advantages to be derived from the instruction and practical assistance of foreign physicians and surgeons, who, it was petitioned, might be invited from Germany; and further, that the unclaimed bodies of dead criminals might be given to them for dissection.

Both of these petitions were granted, and in the same year twelve medical students were sent abroad to be educated in Germany. In the following year, Dr. Müller, a Prussian chief staff-surgeon, and Dr. Hoffmann, a Prussian fleet-surgeon, became, at the invitation of the Government, professors in the College. The course of study was then rearranged, and divided into two, the preparatory, and the general course. Among those in the first foreign faculty of the College, besides the two above mentioned surgeons, were Drs. Wagener and Simmons, Preparatory Course; Prof. Niewerth, Materia Medica; Dr. Cochius, a physicist and chemist; Dr. Hilgendorf, naturalist; and Dr. Funk, teacher of the German language, all of whom joined the faculty in 1871-1872. Mr.

Niewerth was about the same time appointed to the Dispensary of this Hospital. Previous to the latter date, Dr. Satō Shōchiū had succeeded Dr. Iwasa Jun as Director, and shortly afterwards, Dr. Hasegawa Taishi, of the Department of Education, was appointed to the post of vice-Director. In June, 1873, Dr. Döenitz was called to the chair of Anatomy.

In 1875, non-resident students were admitted to the College, but were only instructed through the medium of the Japanese language. In December, 1876, the College was removed to Kaga Yashiki, Hongō, Ikeda Kensai, chief staff-surgeon of the Army, having previously been charged with the oversight of the affairs of the College. In April, 1877, Ikeda Kensai was made Director, and Nagayo Sensai was charged with the duties of the office of vice-Director.

In the same month, the "University of Tōkiyō" was established, embracing the four departments of Law, Science, Literature and Medicine, of which the medical school constituted the last, under the name of "*Tōkiyō Dai-gaku I-gaku-bu*," or the Department of Medicine of the University of Tōkiyō. In 1878, a library for the use of the College was established, and in the same year, a branch hospital was opened at No. 1, Idzumi Chō, Kanda, where clinical lectures were delivered daily.

In March, 1879, Ishiguro Tadanori, a surgeon of the Army Department, succeeded Nagayo Sensai; and in the same year the buildings of the College and Hospital, having reached completion, were formally opened, on which occasion the Emperor, accompanied by the Imperial Princes, Prime Minister, Councillors of State, and others, were present, and took part in the ceremonies.

At this time, the number of students, resident and non-resident, was upwards of 140. In the following year the first diplomas of doctor of medicine were bestowed upon eighteen graduates of the German course. In 1880, changes were made in the course of studies pursued, and those who were following the Japanese course were designated as students of the special course.

Among the other foreign professors invited from time to time to fill the various chairs of instruction in the College, since its first opening, are the following:—Drs. Wernich, Gierke, Schultze, Langgaard, Martin, Tiegel, Baelz, Diesse, Scriba, Van der Heyden, and Messrs. Korschelt, Lange and Mayet.

Besides the Medical Department of the Tōkiyō University, there are several other places where medical instruction has been given by foreigners. These are: the Naval Hospital, which was established in 1871 (first at the old English Legation, Takanawa), where Dr. Wheeler was engaged until the beginning of 1874, and Dr. Anderson, from 1872 until his return to England in 1879; the Military Hospital, the foreign appointment to which was held for some time by Dr. Beukema; the City Hospital, attended at first by Dr. Massais, and afterwards by Drs. Manning and Beukema; also an Ophthalmic Hospital attended by Dr. D. B. Simmons, and the Tsukiji Hospital, founded by Dr. Faulds of the Scotch Presbyterian Missionary Society in 1874, and who first introduced Lister's system of antiseptic treatment in Japan. All of these institutions have furnished instruction, chiefly clinical, to a number of students.

At Kanagawa (now Yokohama) in October, 1859, Dr. J. C. Hepburn was the first Protestant medical missionary to arrive in Japan. He came as a representative of the Presbyterian Board of Foreign Missions, and shortly after opened a dispensary, where for many years he treated most successfully the thousands of patients that came to him from all parts of the country, and gave clinical instruction to a large number of pupils, many of whom have since attained to eminence in the profession. Dr. D. B. Simmons followed Dr. Hepburn but a fortnight later, and ultimately became surgeon-in-chief of the State Hospital, which he assisted in establishing, and where for a number of years he did efficient work in clinical instruction. Since 1859, considerable medical work has been done in Yokohama, principally the dispensary work of Dr. Hepburn, the establishment of the various foreign naval hospitals, and of the temporary military hospital in 1867, with Dr. Willis as surgeon, the General Foreign Hospital, the Japanese State Hospital, (of which Dr. Simmons for a number of years was surgeon-in-chief, and later Drs. Beukema, Wheeler, and Eldridge,) and the Lock Hospital established with the assistance of Dr. Newton, of the English Navy, who was succeeded by Drs. Hill and Lawrence. Besides these, a number of medical men, chiefly English, American, French and German, have resided at Yokohama during varying lengths of time, many of whom have given instruction to native students.

"In 1858-9, the Russians established a politico-religious mission at

Hakodate, part of which was a hospital, under the administration of Surgeon Albrecht, I.R.N. Surgeon Albrecht immediately began teaching, and soon had a class of half-a-dozen. He was succeeded by Surgeon Zalisky after 5 years, who, in turn, was after three years of service succeeded by a third surgeon, who remained but a short time."

All of these gentlemen, according to Dr. Stuart Eldridge, whose words are quoted above, gave much time to teaching; and judging from the character of the Japanese physicians whom Dr. Eldridge has met, and who owe their past training to this source, the Russian surgeons did their work well.

Following the Russians, and some years later (1872-1874), Dr. Eldridge taught very successfully at Hakodate, carrying on the instruction of over 30 students, and accomplishing much in the way of establishing local hospitals on the Island of Yezo, and in editing the *Kin-Sei-I-Setsu*, or Journal of Modern Medicine, which was established under the auspices of the Colonization Bureau of Yezo. This was among the first of the journals devoted to Western Medical Science published in Japanese.[2]

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[2] While in Hakodate, and in 1873, Dr. Eldridge succeeded in making a post-mortem examination of a subject, dead from *kakké* (a disease resembling beri-beri of India and Ceylon, and almost peculiar to Japan). This, it is stated, was one of the first post-mortem examinations obtained by foreigners of a case of this disease.

Dr. Anderson also succeeded in obtaining a post-mortem examination about the same time, an account of which is given in his interesting paper read before the Asiatic Society (vol. vi, part i). An account of post-mortems obtained by Dr. D. B. Simmons, who was, it is stated, the first foreigner to observe this disease in Japan, was published in his monograph on "Kakke" by the Inspectorate General of Customs, Shanghai, in 1880. Further reference to this disease may be found in the valuable paper by Dr. Hoffman, who was the first to describe it (German Asiatic Society's Trans., pt. ii, 1873) and in a note by Dr. Henry Faulds, on Parasites in Japanese, in the Asiatic Soc. Trans., vol. vi, p. 205, 1876; also articles by Dr. Baelz, pt. 27, Ger. Asiat. Soc. Trans.; Dr. Hoffman, pt. 2; Dr. Wernich; Dr. Eldridge, in the Pacific Med. Surg. Journal, Dec. 1880, and Jan. 1881; Dr. J. C. Berry; Dr. Wallace Taylor; K. Takaki, F. R. C. S., in the Catalogue of the Exhibits of the Japanese Sanitary Bureau at the International Health Exhibition, London, 1884; and short notices by the writer (Phila. Med. Times, vol. xii, p. 137) and others. The Japanese medical journals have also

At Ōsaka in 1867 or 1868, a second medical school, especially for the education of military surgeons, was founded by the Government, and was placed under the direction of Dr. Bauduin from Nagasaki, and in 1871 Dr. Ermerens, also a Dutch physician, was appointed to the charge. In the following year, Hoffman states, the school was closed in favor of the new College just opened at the Capital. In 1872, the Ōsaka City Hospital and Medical School, which seems to have been the same institution as that just mentioned, was established, or rather, re-established, and has been in operation under Japanese direction ever since that time.

In 1873, Dr. Henry Lanning of the American Protestant Episcopal Board, who was, it is stated, the first medical missionary in Ōsaka, opened a dispensary in that city, which has been in successful operation ever since, and which is now represented by a fine edifice, built last year (1883) and known as St. Barnabas' Hospital, and is capable of accommodating 24 in-patients.

In 1874, Rev. Wallace Taylor, M. D., of the American Board of Commissioners for Foreign Missions, went to Ōsaka, and has since been engaged with great success in dispensary work and teaching.

During the period which has elapsed since the founding of the first foreign medical school and the present, a military and lock hospital have been established, as well as several hospitals conducted by private individuals.

At Kiyōto, a medical school was established a number of years ago. There was also a hospital with which Dr. Junker von Langegg, in 1872-6, Dr. Mansfeldt in 1876-7, and Dr. Scheube in 1877-81, were connected.

At Kōbe, Dr. Vedder, who came to Japan as surgeon of the U. S. Steamer *Stonewall*, and who went to Chōshiu about 1864, took charge in 1868 of the first hospital established. After a time he was taken ill, and Dr. Clay temporarily filled his place. Dr. Clay was succeeded by Dr. Harris, of the American Consulate at Yokohama, who continued to give clinical and didactic instruction at the hospital for over a year. Dr. J. C. Berry, of the American Board of Commissioners for Foreign Mis-

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published interesting articles upon the subject; one by Dr. Wallace Taylor of Ōsaka on the microscopic appearances of the blood in *kakke*, being now in course of publication in the *Tōkiyō-I-ji Shin-shi*, Tōkiyō Medical News.

sions, was the first missionary to give medical instruction to the Japanese at Kōbe, having been appointed, soon after his arrival in the Spring of 1872, to the medical Directorship of the Government Hospital at that place. In 1873 the first dissection in the Prefecture of Hiyōgo was made, the permission granted by the Tōkiyō Government being the result of an application made by Dr. Berry, through the local authorities, to be allowed to teach practical anatomy by dissection. Dr. Thornicraft, an English physician, also assisted in the instruction, in which Drs. S. Nishi and Kimura took considerable part. A number of dispensaries were organised by Dr. Berry within a radius of 20 miles of Hiyōgo, and a hospital of some 40 beds at Himeji, 50 miles distant, was opened.

Dr. Macdonald, of the Canadian Methodist Board, opened a dispensary at Shidzuoka in 1874. Dr. van der Heyden went to Niigata in the same year, Dr. Palm in 1875, and Fock in 1877. Besides these, there have been a number of medical men engaged in professional work in the interior or un-opened towns. Notably among these were Dr. Willis at Kagoshima, who went thither just before the Restoration, and established a hospital, where he taught with great success for a number of years; Dr. Berry at Okayama, from 1878; Dr. Holterman at Kanazawa, Kaga, and more recently at Niigata; Drs. Junghans and Röretz at Nagoya; and Dr. Cutter at Sapporo. Following the establishment of the Foreign Hospital at Nagasaki, under Drs. Matsumoto Riyōjun and Pompe van Meerdervoort, and of the Vaccination Institute, and Medical School and Hospital at Yedo (Tōkiyō) 1858-1860, there have been schools and hospitals established from time to time, in the principal cities of the empire, in a few of which foreign medical men were engaged to give instruction, and to attend the sick.

The principal government schools were those at Tōkiyō, Hakodate, Nagoya, Kōbe, Ōsaka, Kiyōto, Okayama, Kagoshima, Nagasaki, and Kanazawa, besides which, there have been established numerous private schools and hospitals, notable among which are the schools of Hasegawa and Fukuzawa (the latter now closed), and the hospitals of Drs. Satō and Inouye at Tōkiyō. These hospitals were built after the European model.

Having briefly referred to the principal events relating to the progress of Western medicine during the present century, and the establishment of schools and hospitals—especially those in which foreigners have given instruction; and before proceeding to describe the condition of medical affairs at the present day, a short review of several subjects relating to medicine, *i.e.*, massage, acupuncture, midwifery, and botany, to which frequent reference has already been made, may not prove out of place, and may assist in making more complete the general view of the subject of this paper. As however little more than an outline of these subjects can be given here, the following review is necessarily incomplete.

Beginning then, with the subject of massage, shampooing or manipulation, as the art has been variously designated, the writer takes the liberty of reproducing here a note, by himself, upon the subject, entitled "The Employment of the Blind in Japan," which appeared in the *Philadelphia Medical Times*, of April 7th, 1883:—

> A system of employment for the blind so suited to their condition, affording as it does fair profit and an abundance of healthful exercise in-door and out, certainly deserves at least passing notice.
>
> Shampooing, or perhaps, more properly speaking, massage, as practised by these blind men (called *amma*), consists of a gentle rubbing with the palms of the hands of the surface of the whole body, together with passive exercise of the joints, and a slow kneading of the superficial muscles, more particularly those of the trunk and extremities. The sensation to the subject is usually very pleasant, especially if submitted to after violent or continued exertion, as after a difficult climb or a long walk.
>
> Japanese physicians recommend it in tabes dorsalis and certain other forms of paralytic disorders, as well as in hysteria and some kinds of headache, in lumbago and in many other diseases, also in convalescence from diseases in which there has been loss of power or wasting of the muscles. It is much used, and probably often abused, in cases of difficult labor. One Kagawa, who first employed it for this purpose, called it "the body-regulating art." It is also generally employed after labor to soften the breasts.
>
> Massage is not employed in rheumatism, gout, or acute fevers. Acupuncture, too, was formerly performed by some of these *amma;* and I am told that the examinations for license to practise these art, especially the latter, were very rigorous.
>
> The skill and anatomical knowledge sometimes acquired by these unfortunates is truly wonderful, for, besides a gentle touch and an almost instinctive appreciation of the seat of pain, many of them know all the superficial muscles,

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[1] For note on application of the *moxa* see page 289.

and can even tell in what position to insert needles for the cure of certain diseases. Unfortunately, scabies and certain other contagious diseases have been occasionally communicated by these shampooers,—a fact, however, which does not seem to lessen the demand for shampooing.

I am told that over one-half of the cases of total blindness in former days were attributable to small-pox; and it is probable that purulent ophthalmia and syphilitic diseases were responsible for the larger portion of the remainder.

The number of blind, deaf, and maimed, according to the published census of 1875, was 101,587, of whom 63,759 were males and 37,828 were females, the total population at that time being 33,110,825. Of this number it is probable that the greater part were blind, and it is not at all unlikely that in former days the proportion of this class to the total population was still greater, as the gradual institution of compulsory vaccination, the regular examination of prostitutes, and the growing popularity of Western methods of treatment of ophthalmic disorders have tended, on the one hand, to limit the spread of the most potent causes of blindness, and, on the other, to increase the number of eyes rescued from actual loss.

Since the "Restoration" in 1868, the ancient laws allowing the blind certain rights and privileges have been repealed, and the profession is now open to all. Formerly the blind belonged to the so-called "long-robed" or professional class, in which were also included those who practised the arts of acupuncture and divining, and the priests and the doctors. Various titles or degrees were bestowed upon the blind, after passing examinations and the payment of certain fixed sums of money. The lowest of these degrees, next to that of the common *amma*, was the *shibun*, which gave the possessor certain rights and privileges and raised him to the rank of the military or two-sworded class. He was also permitted to wear a ceremonial dress on certain occasions and to carry a white stick surmounted by a wooden ball. The fee for this degree was about one hundred dollars. Upon obtaining the next degree, that of *ko-to*, the blind man ceased to practise the art of shampooing, and became a teacher of music, for which position he had been preparing during the chrysalis state, so to speak, of shampooer. Above the degree of *ko-to* came that of *ken-giyō*, or inspector, the fee for which was one thousand dollars. To obtain this degree, was considered a great honor, and among its possessors were to be found some very remarkable men. One of these, Hanawa Ken-giyō by name, a professor of mathematics, is said to have possessed such a wonderful memory that he would recognize at once a quotation made from any book in his great library, and could give the title of the book and even the number of the page from which the quotation had been made. It is also said that, although he had been blind from infancy, he knew the names, forms, and meanings of nearly all the Chinese characters in use, and was, besides, a writer of note.

The highest degree or rank, was that of *sō-roku*, of which there were, I understand, only two holders at one time, one in each of the capitals. All the appointments and honorary titles were conferred through these *sō-roku*, who also acted as judges in matters relating to their own people.

A certain amount of authority was attached to the lower ranks, and no doubt added considerable to the income of the possessors. On occasions of great rejoicing in a household, as, for instance, a birth, a marriage, or elevation in office, one of these blind shampooers would call for a present, which by law it was necessary to make, and which ranged from ten or fifteen cents upwards, according to the wealth and position of the family. The collection of these fees fell to each *shi-bun* in every district in turn, besides which fees were also received from apprentices.

In order that a blind man might travel from place to place, and yet not interfere with other blind practising in these places, his stay in each town or village was limited to three days, during which time only was he allowed to receive fees for professional services.

The blind were also permitted to lend money, for which they received high rates of interest, popular sentiment protecting them from loss. A blind man might marry, only after he had taken a degree, as this was considered proof that he was able to provide for a family; but marriages between blind and blind were strictly forbidden. There were also societies or guilds of blind men, which afforded their members considerable protection.

This whole system has proved of great utility in giving these unfortunates opportunity of competing on a most favorable footing with their more fortunate brethren, and at the same time stimulating them to higher attainment. Such, indeed, was its success that the blind, unfortunate as they might be in the loss of sight, led happy and comfortable lives; supporting themselves and families, and proving, as well, a benefit to their fellow-creatures. It is therefore, not without some feeling of regret, that we see these old institutions passing away, and in their stead attempts being made to care for the blind in large asylums and at public expense.

The experiment of teaching a few of our own blind this most useful art, though, I believe, yet untried, is perhaps worthy of consideration, especially as massage is beginning to have an important place in the treatment of so many disorders.

The practice of massage, although in a measure a distinct art, has nevertheless been associated with the practice of acupuncture, so that those who have become skilful in either of these subjects, have as a rule been acquainted with the other, and also with the art of cauterization with the *moxa*.

The subject of the origin of the art of acupuncture, may be dismissed for the present, with the statement, that it is not Japanese. It must be admitted, however, that considerable improvement has been made by physicians of Japan in the form and mode of employment of the needle.

As practiced by the Japanese acupuncturists, the operation consists in perforating the skin and underlying tissues to a depth, as a rule, not exceeding one-half to three-quarters of an inch, with fine needles of gold, silver, or steel. The form and construction of these needles vary, but, generally speaking, they are several inches long, and of an average diameter of one forty-eighth of an inch. Each needle is usually fastened into a handle, which is spirally grooved from end to end.

To perform the operation, the handle of the needle is held lightly between the thumb and first finger of the left hand, the point resting upon the spot to be punctured. A slight blow is then given upon the head of the instrument with a small mallet held in the right hand; and the needle is gently twisted until its point has penetrated to the desired depth, where it is left for a few seconds and then slowly withdrawn, and the skin in the vicinity of the puncture rubbed for a few moments. The number of perforations range from one to twenty, and they are usually made in the skin of the abdomen, although other portions of the body are not unfrequently punctured. The different locations to be punctured for various diseases, are fixed by rules illustrated by diagrams, as in the *Jū-shi-kiyō* (十四經), a work now to be obtained at almost any of the second-hand book stalls. The diseases in which acupuncture is employed are very numerous and cover almost the whole range of medicine, but it is most successfully used in colic, and other spasmodic disorders.

Mention has already been made (p. 267) of the fact that acupuncture formed one of the branches of instruction at the University, established in the seventh century, but the art must have been known and practiced at a much earlier period, as it is treated of in several ancient Chinese works, such as the *Rei-sū* (p. 261) and *Yaku-shō-mei-dō-dzu* (p. 262) brought over from Korea before the end of the sixth century. It seems, however, that during the middle ages the art lost its importance as a branch of instruction in the University, and, it is stated, was finally dropped out of the curriculum. In the year A. D. 1682 the Shōgun Tsunayoshi, desirous of reviving the practice of this art, charged Sugiyama Waichi with the task. Sugiyama, Mr. Kaku states, was a native of Hamamatsu in Tōtōmi, and having lost his sight at the age of ten, he took up his abode in Yedo, and became a pupil of Yamase Takuichi, a

Ken giyō.[4] Yamase was a pupil of Iriye Yoshiaki of Kiyōto, who had received instruction from Iriye Yoriaki, his father. Iriye, the senior, was a pupil of a medical officer under Toyotomi, and called Sonoda Dō-ho, who in turn received instruction from a Chinese named Go Kintatsu at the time of the invasion of Korea by Hideyoshi Toyotomi, in the latter part of the sixteenth century. Sugiyama was very successful in the use of the needles and gained for himself a great reputation. The story is told of him, that on one occasion he was called to attend the Shōgun, who was so pleased with his treatment that he asked Sugiyama how he might reward him. Waichi answered, "If it may please Your Highness, I should like to have one eye." To this the Shōgun replied, laughing, that while he could not give him an eye, he would give him a residence in *Hitotsu-me chō* (One-eye street) in Honjo, Yedo. He was also given an annual pension of 500 koku[5] of rice, and was raised to the rank of superintendent of the blind in the Kuwanto,[6] and was later ordered to establish a school of acupuncture. He was the inventor of a peculiar kind of needle called the tube needle, employed very generally at the present time. He was the founder of the Sugiyama School and author of the works known as *Sugiyama-riū-shu-kuwan*,[7] and *Sen-shin-ron*,[8] both on acupuncture. He died at Yedo in 1694.

Mishima Anichi, a pupil of Sugiyama Waichi, established numerous schools for teaching acupuncture, and did much to extend the knowledge of his art. He was the author of the following works: *Shin-den-riū-kuwan* (眞傳流巻), *Shin-den-riū-hi-kuwan* (眞傳流秘巻), and the *Betsu-den-san-kuwan-hō* (別傳三關法); the two former on the *Shin-den-riū* or true school and the latter on the three important methods of acupuncture.

Another school of acupuncturists was that called the *Suruga riū*, of which Matsuoka Isai was the founder. Matsuoka lived at Kiyōtō in the early part of the 17th century, and used needles of gold and silver, which he drove through the skin with a flat headed mallet.

The Yoshida school was established by Yoshida Ikiū, who spent seven years in China during the reign of the Ming Dynasty. He was the author of a book called *Shi-shin-ka-kan* (刺鍼家鑑), or Household Mirror of Acupuncture.

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[4] An official of the highest rank among the blind.

[5] The koku is equal to 4.929 bushels.

[6] The eight provinces in the vicinity of Yedo.

[7] 杉山流首巻.

[8] 選鍼論.

Kakimoto Shingen, who flourished during the latter half of the eighteenth century, was the author of several works, among which were the *Ki-sai-roku* (熙載錄) and *Hen-dō-roku* (砭道錄), the latter on the use of the stone needle. He employed needles of three sizes, the largest of which he called the *hi-yō-shin*, or, "garlic-stalk needle." It is said that he even punctured blood vessels, and without bad results.

Suganuma Nagayuki, a native of Settsu, employed needles of steel in his practice.

The subject of Japanese midwifery, is one which, from some standpoints, presents to the foreigner more of interest than perhaps any of the special subjects heretofore mentioned; for in the progress of this art, there is to be seen a development as striking as it is original.

Glancing over the history of the subject, we find that until within the past two centuries, but little was known of the physiology of gestation or parturition, or of measures to relieve abnormal conditions arising during pregnancy and labor. Indeed, it can hardly be said, that before the introduction of Western science, anything was known of the former of these subjects, whilst the knowledge possessed of the latter, was but empiric at the best. We cannot but admire, however, the ingenuity of some of the means employed to assist or correct the efforts of nature, means which have evidently been the result of long experience and study.

Among the earlier references to this subject in Japanese history, is the well known legend of the Empress Jingō, who after the death of her husband, and in the midst of the preparations for an invasion of Korea in the beginning of the second century (A.D.), found herself with child, to postpone the birth of which, until she should have accomplished her purpose, is said to have worn a stone beneath her girdle.

The use of the girdle, by Japanese women during pregnancy, it is stated, can be traced back to this time, although its employment now has for its object the safe and speedy delivery of the child.

In early times the practice of midwifery was followed almost entirely by females, male physicians being called in only to prescribe medicines.

Later, midwifery became one of the studies of those physicians who believed in the different spirits (already mentioned, p. 323), the derangement of which in the body, was held to be the cause of disease. Parturition, it is stated, was held to be related to the blood, which was one of the sources of disease.

Among those who held these views, were Yoshimasu and Nakajo, from the latter of whom, many of the midwives of recent times claim to have received the traditions of their art.

In the eighteenth century, Kagawa Genyetsu and Kokumei both contributed much toward the advancement of this art. Kagawa, it is stated, was a native ot Hikone in the province of Ōmi, and was born in a family whose pursuit was that of husbandry, and who had served under the prince of that province. Secretly studying medicine, he became also skilful in acupuncture and manipulation, and practised his art at Kiyōto. On one occasion, Mr. Kaku relates, a distressing case of protracted labor had occurred in a neighboring house, and Kagawa, after lying awake a whole night trying to devise some means of relief (it was a case in which an arm and leg presented), went to the woman in the morning and soon succeeded in delivering the child. The same writer states that Kagawa was a self-educated man, and that his knowledge of midwifery was the result of his own experience. He was the author of a work on midwifery, known as the *San-ron* (產論), and widely read in Japan even to the present day. He was succeeded in his work by his pupil and adopted son, Genteki, who was the author of an explanatory treatise on the *San-ron*, called *San-ron-yoku* (產論翼). The descendants of Kagawa Genteki are, according to Dr. Miyake, Kagawa Mitsusada, Kagawa Mitsutaka, and Kagawa Mitsunori, the latter of whom, at the time when Dr. Miyake wrote,[9] had a large practice in Tōkiyō.

Hiruta Kokumei was a native of Shirakawa, and was, like Kagawa Genyetsu, born in a family whose occupation was agriculture. In theory, he held that normal gestation was but a natural process, and in no wise of a pathological nature, as some supposed.

He divided the principles of the art, according to the writer quoted above, under the following heads: 1. Right restoration; 2,

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[9] German Asiatic Society's Trans., 1874, pts. v. and x, "Japanese Midwifery," by B. Miyake.

Shortening of the period ; 3. Opening out ; 4. Safe preservation ; 5. To straighten and urge ; 6. Safe delivery ; 7. Conditions of expulsion ; 8. Hæmorrhage, etc.; 9. Retardation ; 10. To give up (the child and save the mother). He wrote no books, but a pupil named Tomisawa Haruo was the author of a work called *Yō-ka-son-sei* (孕家遵生), while still another pupil named Numano Saishō wrote a book known as *Den-shi san-soku-zen-sho* (田子産則全書), both of which works relate to the subject of midwifery. As above stated, the *San-ron*, or Discourse on Midwifery, has been for the last century the standard authority of Japanese obstetricians of the Chinese school ; and has been thought of sufficient merit to be worthy of translation into German, a task performed a few years since by Dr. B. Miyake, then "Interpreter to the Imperial Medical and Surgical Academy at Yedo," the interesting results of whose labor, together with remarks by Dr. Müller, appeared in the Transactions of the German Asiatic Society (parts v. and x. 1874).

To do justice to this interesting work, more space would be required than can here be given it, but a few quotations from the translation above referred to, will perhaps suffice to give some idea of its contents.

As to the divisions of the work, it is stated that it is divided into four parts, namely :

"1. Development of the embryo ; period of gestation.
"2. Choice of place where delivery may take place ; and position of woman during labor.
"3. Treatment after delivery.
"4. On the use of the chair and abdominal bandage.

"The divisions of the *San-ron-yoku* or Explanations of the *San-ron*, are as follows :

"Diagnosis of pregnancy ; Examination of the womb ; Diagnosis of the position of the fœtus ; Altering position of fœtus when in the wrong place ; Diagnosis of twin pregnancy ; Massage of the abdomen ; Evacuation of the 'waters ;' Position of the woman upon the mats ; Changing the bed ; Cutting the cord ; The first bath after confinement ; The treatment of the new-born child ; Treatment of prolapse of intestine, uterus and rectum, hæmorrhage, vertigo, and convulsions."

Under the first head it is stated, among other things, that in pregnancy the pulsation felt in the tips of the four fingers (determined by placing the fingers of the patient against those of the physician, tip to tip), and those of the arteriæ cruralis, are stronger than those of the radial artery.

All tumors not corresponding in position and size to the gravid uterus, were thought to be collections of air, excrements, or blood.

It is also mentioned that in case of abortion during the first three months of gestation, the embryo is round, and if cut in two shews five colors, thus conclusively proving that the human body is the true essence of the five elements (p. 294), water, fire, metal, wood and earth. Kagawa also believed that the sex of the child might be known by the position of the fœtus, male, if on the left side, and female, if on the right; the head, he held, was always in the middle and downwards.

In the treatment of the different abnormal conditions consequent upon child-bearing, a number of decoctions, mixtures, etc., are advocated. These contain, for the most part, remedies already mentioned; one, however, is given here as a specimen. It is known as *Riū-to-in*, and employed in case of vomiting of blood, bleeding of the nose and sudden pain in the chest:—*Levistici senkin*, *Ptarmicae*, *Andrographidis*, one drachm each; *Rhei*, one-half drachm. To be made into an infusion with 6 ounces of hot water, and the whole taken at one time.

The second division of the *San-ron* in reality treats of the whole subject of parturition, and the descriptions therein given, although lacking anatomical accuracy, are evidently those of one acquainted with the subject.

In the third part the following prescription is given as a lactagogue, and is known as *Niū-sei-tō*:—*Atractylodes albæ*, *Pæoniæ albifloræ*, *Levistici officinalis*, *Levisici senkin*, *Pachymæ cocos*, *Cinnamomi*, *Euonymi japonici*, *Olibani* one drachm each, *Glycyrrhizæ* gr. vi.

The fourth part, it is stated, is intended to warn against the use of a kind of a chair popular at that time, and also against the use of the girdle before mentioned. The author likening the use of the latter to the placing a heavy stone upon some young plant, and thus arresting its development. He also discourages the undue use of massage—remarking that were we to continually manipulate the roots of any plant, no matter how enduring, growth would be retarded and the plant might eventually die.

If we take the work as a whole, its descriptions, viewed from the limited knowledge of the day, are surprisingly accurate, and shew clearly the genius of its author. A rather curious instrument called the whalebone sling, was the invention of Kagawa Mitsusada, the grandson of Kagawa Genyetsu. By means of this instrument a cord could be passed over any portion of the fœtus, and in some instances, an easy delivery effected. As the results were not infrequently disastrous both to the child and its mother, and, as such instruments were not allowed to be used at all at the court, the son of Mitzusada, Kagawa Mitsutaka, invented a kind of cloth forceps, which consisted of a wide band of strong linen or silk, attached to two long slender rods, and rolled upon them (as ancient scrolls were rolled). These were introduced within the uterus and unrolled about the head of the fœtus, after which the sticks were withdrawn, and a flat vectus-like stick of whalebone, having a small hole for the passage of the ends of the cloth, was passed over them, and into the vagina. The cloth then enveloping the head and passing out through the hole in the vectus afforded a strong hold, and made altogether a powerful instrument. Illustrations of of these instruments appear in the Transactions of the German Asiatic Society, above referred to. A description of one of them—the whalebone sling—is also to be found in the Transactions of the College of Physicians of Philadelphia, for the year 1877 or 1878, in an interesting paper on Japanese obstetric practice, by Dr. J. C. Berry of Okayama, presented by Dr. W. W. Keen of Philadelphia.

Dr. Erwin Baelz has also, the writer believes, made some contributions to this subject, although reference to them is not at hand. His measurements of the female pelvis, as well as the notes of Dr. Döenitz on the same subject (German Asiatic Society, Trans; 1873) are of interest. There is also an article by Dr. Hoffmann in the Transactions above mentioned, upon means employed by the Japanese to produce abortion, in which it is stated that the flexible roots of the *Achryranthes aspera*, Thunb., pointed and smeared with musk, are often employed; also bamboo sticks likewise prepared. To the list of the substances mentioned in the paper above, Dr. Geerts has added the following (Trans. 1874, pt. v): *Achryranthes bidentata* (flower) var. *Japonica*, Mig. stalks of *Nandina domestica* Thunb., with musk pills internally. At Nagasaki the stalks of *Ligularia Kaempferi*, Sieb. et Lucc. are used.

The study of botany has occupied a most important place in the education of physicians of the Chinese school since the earliest times; indeed, long before medical theories were formulated, the healing virtues of certain plants were known, and use was made of this knowledge in the treatment of disease. *Hon-zō-gaku*, or the science of botany, originally included not only the vegetable kingdom, but also the animal and mineral, and works upon this subject usually contained descriptions of the appearance and the therapeutic properties of such substances as were employed as medicines. They often contained rules for prescribing, as well as medical discussions, and might more properly be described as treatises on materia medica, rather than on botany alone. Reference has already been made in this paper to the *Hon-zo*[10] and other works relating to botany and materia medica, but as no observations have been ventured upon these subjects, a few remarks here may not be out of place. Mr. Kaku, in the work to which reference has already frequently been made,[11] gives a short history of the subject from the sixteenth century, the substance of which is given below.

As already stated, the cultivation of medicinal plants has been practiced in Japan since ancient times, and the office of Government Botanist, created as early as the fifth or sixth centuries, has been held by men of great learning.

During the first or second decade of the tenth century, the *Hon-zō-wa-miyo* (p. 278), by Fukaye Sukehito, made its appearance, and several centuries later, towards the close of the sixteenth century, the *San-rui-hon-zō*, by Yoshida Sojūn (p. 283). Yoshida Sōtatsu is said (p. 283), to have been the author of a *Hon-zō* with Japanese names. The *Yamato-hon-zō*, or, Japanese Botany, published by Kaibara Tokushin of Chikuzen, and Mukai Genshō of Hizen, in 1709, is said to have been the result of extensive study on the part of its authors, who, unlike their predecessors in the work, made comparisons of native plants with those from abroad, and noted all differences occurring. After this, Inao Nobuyoshi of Kiyōto published the *Sho-butsu-rui-san* (庶物類纂), a botanical encyclopædia consisting of one thousand volumes (fasciculi).

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[10] Page 293.

[11] Page 245.

Inao was a pupil at Ōsaka of Fukuyama Tokujun, who had received instruction from Rosōseki, the author of a work called *Yaku-shō-shū-yo* (藥性集要) relating to the qualities of medicines.

Inao was also author of the *Hon-zō-dzu-yoku* (本草圖翼), an illustrated botany; *Shoku-motsu-hon-zō* (食物本草), or, Botany relating to Food; *Butsu-san-moku-roku* (物產目錄), or, List of Productions; *Sai-yaku-doku-dan* (採藥獨斷), on the Selection of Medicines; and *Shoku-butsu-den-shin-san* (食物傳信纂). He numbered among his pupils such famous men as Matsuoka, Tamba and Naro.

Abe Shōnin, who lived at Yedo, also did much to advance botanical knowledge, and is spoken of as one of the great authorities upon the subject. Inao was succeeded by his pupil Matsuoka Gentatsu of Kiyōto, who was a very successful teacher, and who wrote the following medical works: *Sen-kin-hō-yaku-chiū* (千金方藥註), a medical commentary upon *Sen-kin-hō* (p. 277).

Hon-zō-itsu-ka-gen (本草一家言), Short Explanations of the *Hon-zō; Yamato-hon-zō-itsu-ka-gen* (大知本草一家言) Short Explanations of the *Yamato-hon-zō; Yō-yaku-su-chi* (用藥須知), Necessary Information on the Use of Medicines; *Hō-chiū-sei-yo* (庖厨正要), Useful Hints for the Kitchen; *Shoku-riyō-sei-yo* (食療正要), Useful Hints on Food and Health; *Nichi-yō-shoku-sei-shō-kei* (日用食性捷徑), on the qualities of articles of food in daily use; and *Hon-zō-i-gen-teki-yo* (本草彙言摘要), on the classification in botany.

Among the pupils of Matsuoka were Ono and Iwanaga. Tamba Teiki, a pupil of Inao, published by order of the Government, the *Sho-butsu-rui-san zō-ho*, or *Sho-butsu-rui-san*, with additions. He afterwards travelled extensively through Japan, and made report to the Government of his observations upon the botany of the country. In the year 1730, and together with Hayashi Rioteki, he published by order of the Shōgun Yoshimune, the *Fu-kiū-rui-hō* (普救類方), or, Prescription for a Universal Remedy, a popular work, intended as a household medical guide.

Ono Motohiro, a native of Kiyōto, and pupil of Matsuoka Gentatsu, was a noted botanist, and is classed by Mr. Kaku with *Ri-ji-chin* (Le She-chin) the compiler of the *Hon-zō-kō-moku* (p. 273), and Linnæus, as one of the three greatest botanists the world has produced. In or about the year A.D. 1800, Ono was summoned to Yedo, where he delivered lectures on botany at the Sei-ju-kuwan. He also spent considerable time in travel, and finally published the *Kō-san-setsu* (廣參說), A Comparison of Medical Theories, and the *Hon-zō-kei-mō* (本草啓蒙), or, Botany for Beginners (p. 255). Ota Shōzen, son of Iwanaga Genkō, a pupil of Matsuoka, was a botanist of most conservative views, but a man of wide reading, whose teachings did much good.

One of the most learned men of this time, was Abe Shōnin, a native of Nambu. While yet a young man he went to China, where he spent eighteen years in the study of botany. In or about A.D. 1730, and after his return from China, he was appointed by the Government to search the provinces lying along the northern seas for new medicinal herbs. It is stated, that during the time of his service he visited Yezo three times, and that he established a garden for the cultivation of medicinal plants in the eastern part of the city of Yedo. He discovered the existence of *scutellaria macrantha* in provinces where it had hitherto been unknown, and also shewed that much of the several hundred thousand pounds of the plant imported annually from China under this name was spurious. It is stated that he found *dai-bu-shi* (great), aconite Fischeri, in Yezo. He was the author of the *Sho-koku-sai-yaku-ki* (諸國採藥記), in which is given an account of medicines obtained in the various provinces. Later, an abridged edition of this work was published by his pupil Uyemura Masakatsu, under the title of *Sho-koku-sai-yaku Shō-roku* (諸國採藥記抄錄). Another pupil of Abe Shōnin named Tamura Noboru, was appointed superintendent of a government establishment where medicines were manufactured.

Tamura is said to have given great encouragement to the cultivation of ginseng, and to have discovered many plants. He was the author of numerous works, among which are the following: *San-sei-hi-roku* (參製秘錄), on the secret of making ginseng medicines; *Nin-jin-kō-saku-ki* (人參耕作記), on the cultivation of panex ginseng; *Nin-jin-fu* (人參譜), on the ginseng plant; *Kan-sho-sei-zō-den* (甘蔗製造傳), on the manufacture of sugar from the sugar cane; *Mo-men-bai-yo-den* (木綿培養傳), on the cultivation of cotton; and *Ni-hon-sho-shū-yaku-fu* (日本諸州藥譜), on the medicines of the several provinces of Japan.

His son Tamura Zenshi was a botanist of note, and wrote a work known as *Dzu-shū-sho-tō-butsu-san-dzu-setsu* (豆州諸嶋物産圖說), on the productions of Idzu and neighboring islands, with illustrations.

Several notices have appeared within the past few years of the foreign literature upon the subject of the flora of Japan, and also short references to the materia medica of the Japanese. The following references on the flora of Japan are taken from the Encyclopædia Britannica (see Japan):—

> The great authority on the Japanese flora is Franchet and Savatier's *Enumeratio plantarum in Japonia sponte crescentium*, Paris, 1875-1879, 2 vols., which contains 2743 species of phenerogamic plants, 700 species more, that is, than were given by Miquel, who in 1866 contributed a survery of the subject to the *Mededeelingen* of the *K. Akad. van Wetensch*, (Amsterdam), and in 1870 published *Catal. Musei Botanici* Leyden, part 1, *Flora Japonica*) on the bases of the rich collections of the Leyden Museum. Much interesting matter will also be found in Rein's contributions to Peterman's Mittheilungen, 1875 and 1879; in the *Mittheil. der deutsche Ges. für Ost-Asiens;* and in Knipping's "Ozaka, Kioto, etc., in Nippon," in Peterman's *Mittheil.*, 1878. It has been shown that the Japanese flora as a whole has a great similarity, not only to that of the neighboring Asiatic continent, but also to that of North America, the coincidences being most frequent, however, not with the flora of the eastern but with that of the western coast.

Dr. Geerts, in a paper upon the Pharmacopœia of Japan published in the German Asiatic Society's Transactions (1874, pt. iv), also gives a list of publications upon the subject, which includes notices of the literature of the flora of China, and Chinese Materia Medica as well, and from which the following references have been obtained.

Dr. Andries Cleyer, *Specimen Medicinæ Sinicæ*, Frankfurt, 1692;
1712 Englebert Kaempfer, *Amœnitates exoticæ* (1702); Kaempfer's *Japan;* Du Halde, *Description de l'Empire de la Chine*, Paris, 1735; Thunberg, Flora Japonica, Lepsic, 1784; I. Loureiro, *Flora Cochinchinensis;* Abbé Grosier, Description de la Chine, 1787; Ph. Fr. von Siebold, *Flora Japonica*, 1832; Hoffmann and H. Schultes, *Noms indigénes d'un choix de plantes du Japon et de la Chine.* (Extract No. 10 de l'année 1852 du journal asiatique); Asa Gray, *Botany of Japan*, 1865; F. A. Guil. Miquel, *Prolusio Floræ Japonicæ*, Amsterdam, 1867; *Archives Neerlandaises*, pt. ii, 1867, *Verslagen en Mededeelingen der Koninkl, Akademie van Wetenschappen, Afd. Naturkunde.* Berkley, Monograph, *On some tuberiform vegetable productions from China*, Journal of the Linnean

Society, III, No 10, 1858; Suringar, *Algæ japonicæ Musei botanici Lugd. Batav*, Harlem 1870; Dabry, *Médecine des Chinois*, Paris 1863; Dr. Larivière, *Études sur la médecine Chinoise* (Journal de Médecine de Bordeaux), 1863; Dr. Lapeyre *Recueil des mémoires de médecine, chirurgie et pharmacie militaires*, pt. 6, 1861; Dr. James Henderson, *Medical Practice and Literature of the Chinese*, Journal of the North China Branch of the Royal Asiatic Society, No. 1, Dec. 1864; Dr. Hobson, *Chinese Medicine*, in the Medical Times and Gazette, Nov. 18, 1860; *Catalogus Medicamentorum sinensium quae Pekini comparanda et determinanda curavit Alexander Tatarinov*, Doctor Med, missionis Rossicae Pekinensis spatio annorum 1840-1850, Petropoli 1865; Daniel Hanbury, Notes on Chinese Materia Medica; Pharmaceutical Journal, July, 1860; also reprint, London, E. Taylor, 1862; J. O. Debeaux, *Essai sur la Pharmacie et la matière médicale des Chinois*, Paris, 1865. To these references may be added Dr. E Bretschneider's valuable paper entitled, *Early European Researches into the Flora of China*, in the Journal of the North China Branch of the Royal Asiatic Society, 1880, New Series, No. XV; Mr. F. Porter Smith's *Notes on the Materia Medica of China*, Shanghai, 1871; *Nippon-shoku-butsu-mei-i*, or Nomenclature of Japanese Plants, by Prof. Matsumura, Tōkiyō, 1884; an article upon the flora of Japan in Satow and Hawes' Northern and Central Japan, (Murray's) second edition, 1884; and Dr. Williams' Chinese Empire, second edition.

It should perhaps be mentioned here, that the cultivation of medical plants has of late been carried on in Tōkiyō in connection with the preparation of the New Japanese Pharmacopœia, the near completion of the draft of which, in 1881, rendered it then necessary to have at hand more extended means of examination of the physical and therapeutic characteristics of the medical plants of this and other countries. With this object in view, a botanical garden was established at Yubigaya machi, whither plants were transferred from the Imperial, and University Gardens. Previous to this a smaller garden had been established near the Agricultural College, Komaba, Tōkiyō, but being at an inconvenient distance from the Sanitary Bureau, and but of small extent, it was given up, and the plants transferred to Yubigaya machi.

V. STATE OF MEDICAL AFFAIRS AT THE PRESENT TIME.

In the preceding chapters a brief summary has been given of events, occurring between the middle of the sixteenth century and the beginning of the present reign, and relating to medical progress in this country.[1] In the following pages of these "notes," it is proposed to describe, briefly, the state of medical affairs in Japan at the present time; and for sake of convenience, the subject is divided as follows: Medical and Sanitary Control; Medical Bureaux of the Army and Navy; Schools, Colleges, Hospitals, etc.; Societies; Medical Missions; Literature, Libraries, etc.; Medical Practice; and Concluding Remarks.

MEDICAL AND SANITARY CONTROL.—All Medical and Sanitary matters, with the exception of the control of medical education (i.e. of schools and colleges), and of the Medical Bureaux of the Departments of the Army and Navy, are now under the supervision and control of a bureau of the Home Department. This bureau was originally established under the Department of Education in the early part of 1873, and was then known as the Bureau of Medical Affairs.[2] By it, a preliminary sanitary code was formulated, "almost identical with the sanitary codes of Europe and America," which was presented to the Privy Council, and has by that body, from time to time, been, for the most part, brought into effect by various proclamations and notifications. Alterations and amendments, however, have been made in the original provisions of this code, and also in the laws relating to them.

In June, 1875, this bureau, together with the administration of sanitary affairs, was transferred to the Home Department and is now known as the Central Sanitary Bureau. In each Prefecture and in the three Prefectural Cities of Tōkiyō, Kiyōto, and Ōsaka, local sanitary officers, constituting the local sanitary bureaux, have been appointed under the supervision of the Home Department and in communication with it through their respective local Governments. These officers are charged with the care of all matters relating to public health, including the inspection of the manufacture and sale of drugs and medicines, the supervision of physicians and apothecaries, etc., granting permissions for post mortem examinations, the control of the sale of foods, beverages, cosmetics, dyes, etc.; the inspection of water supplies, sanitary condition of lodging and tenement houses, theatres, public schools, hospitals, jails, streets, drains, etc., etc.; the collection of statistics of brothels, marriages, deaths, etc., and with carrying out special measures deemed necessary in times of the prevalence of epidemics, as well as the collection of reports upon medicinal herbs found within their respective localites, etc. Matters relating to new establishments or repairs, are required to be laid before the Local Sanitary Boards before being acted upon, and the more important of these are to be referred to the Home Minister.

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[1] The order of arrangement followed here has been, on the whole, chronological. It has been found necessary, however, in places, and in order that certain events should appear together, to arrange these events according to subjects; as, for instance, the rise of schools of medical opinion, the history of specialties, instruction by foreigners in the open ports and elsewhere, and the establishment of medical schools and colleges. This in turn has necessitated, in some instances, and in order to make each subject more complete, the mention in the preceding chapter of facts properly belonging to the present.

[2] *I-mu-kiyoku.* First and Second Annual Reports of the Central Sanitary Bureau. There was also, in the middle ages, a Bureau of Supervision of Medical Affairs, mention of which has already been made (p. 263).

There is also an advisory body called the Central Sanitary Board,[3] composed of eighteen[4] or more members, including eleven physicians, two chemists, two engineers, the director of the Sanitary Bureau, a police inspector, and a secretary of the Home Department. The business of this body is to deliberate upon such sanitary matters as shall be brought before it by the Home Minister. There are also local sanitary boards, each composed of from three to five physicians, three members of the local assembly, the director and chief apothecary of the Local Government Hospital, the director of the Local Sanitary Bureau, and an executive officer of the Local Government. These local sanitary boards hold the same relation with the Local Governments and Sanitary Bureaux as that held by the national or Central Sanitary Board with the Home Department and the Central Sanitary Bureau.

Interprovincial sanitary conventions are held annually at some convenient point in each of the five sanitary divisions of the empire.

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[3] Chiū-ō-Yei-sei-Kuwai.

[4] In this number are at present included six foreign physicians.

The laws relating to the practice of medicine and surgery, require that every physician or surgeon so practicing shall hold a license from the Government. These licenses, except in the case of persons who were in practice before the year 1875 and certain other cases, to be mentioned in another place, can only be obtained upon passing satisfactory examination in natural philosophy, chemistry, anatomy, physiology, materia medica, practice of medicine and surgery, ophthalmology obstetrics, and clinical diagnosis. The first four of these branches constitute the first, and the following six branches the second, or pass examination. These examinations, which are held semi-annually in different districts of the several prefectures of the empire, are conducted by and under the control of a special officer detailed for the purpose by the Home Minister. This officer is assisted by a certain number of prominent physicians, chemists, and professors, also appointed by the Home Minister, and who are residents of the locality in which the examination is held. The time and place of these examinations is notified in each district by the Home Department; and applications of candidates are required to be sent in at least one month before the examination takes place. The certificates of candidates must be signed by at least two practicing physicians or teachers of medicine, and no candidate is eligible for the first examination until he has pursued his medical studies for at least eighteen months, nor for the second, or pass examination, until having pursued his studies for a period of three years, and at least six months after his first examination. In case of rejection, the candidate is referred for a period of six months or longer, as may be decided upon.

The questions asked at these examinations are previously determined by the examining board, and are, for the most part, required to be answered in writing. The fee for the first exammation is three yens, and for the second five, payable in advance and not returnable in event of the non-appearance of the candidate or his failure to pass. The fee for the license is three yens.

The Home Minister is empowered to grant licenses to practice without examination, to those who possess the diplomas of the Government or recognized foreign medical schools, and also in special cases in districts where there are very few educated physicians, and where, in his opinion, necessity demands. In this latter case, the request must be first made by the Local Government, and then, if granted, the license is only for a limited period.

An official list of physicians licensed to practice has been issued by the Home Department, and additions thereto are, from time to time, notifed by the Department as licenses are issued. A duplicate license in case of loss or mutilation of the original may be obtained upon payment of one yen ; while the licenses of those who have given up practice must be returned to the Home Department.

The licenses of physicians who have been guilty of grave misdemeanor or crimes, may be revoked either for a time or altogether, as may be decided by the Home Minister after consultation with the Central Sanitary Board.

These regulations[5] just mentioned were decreed in October, 1883, and went into force January, 1st, 1884, in respect to the whole empire, the licenses already granted still remaining valid. The degree of Master of Medicine, *I-gaku-shi*, is only bestowed upon those who have been graduated at the Medical Department of the University of Tōkiyō.

Dentists, by the regulations issued at the same time with those above mentioned and also previously, are required to take out licenses to practice, which are obtainable upon passing satisfactory examination on the following subjects:—dental anatomy ; physiology ; dental pathology and treatment; materia medica; instruments used by dentists; and practice of dentistry.

The examination is made by the same board whose duty it is to examine candidates for the license to practice medicine, a dentist, however, participating in the examination whenever candidates for the dental license come up before it. The period of previous study required, is two years, and all branches may be passed at one time. The fee for the license is three yens.

Oculists and other specialists, and also midwives, are required to pass examinations in certain subjects. Women are now permitted to practice medicine; and two are reported to have recently passed satisfactory examinations and obtained diplomas.

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[5] A translation of which has since appeared in the English Supplement to the Transactions of the Society for the Advancement of Medical Science in Japan, No. 2, pp. 15-16, 1885.

Under the title of "Laws for the Prevention of Contagious Diseases," regulations are in force requiring the registration and regular medical inspection of public women, for the care and treatment of whom, hospitals have been erected in all the larger cities and open ports of the empire. Regulations have also been issued respecting the prevention of small-pox, and vaccination is now compulsory throughout the empire.

The laws respecting the prevention of cholera and certain other diseases, may be brought into force by the Home Minister at any time when epidemics of these diseases are threatened. These laws give certain additional powers to the sanitary officers, such as the right of entering and taking possession of dwellings, etc.; the isolation of infected buildings or localities, the disposition of the bodies and effects of the dead from these diseases, the establishment of quarantines, etc. In cases of death from cholera, cremation or burial of the bodies of the dead in special places is required by law.

Certificates of death are required in all cases, and permission to make post-mortem examinations must be obtained before making such examinations.

Dissection is permitted under special license. No laws exist against vivisection.[6]

The use of coloring matter in the preparation of comestibles and beverages is also brought under the control of the Home Department. The sale of ice, not having been inspected at the time of cutting, is forbidden.

The manufacture and sale of medicines is controlled by certain laws, relating especially to the more poisonous remedies, or to the adulteration of substances, used as medicines, for the supervision of which Government Laboratories[7] have been established at Tōkiyō, Yokohama, Ōsaka, and Nagasaki, where certain imported drugs and medicines, as well as certain of those of home manufacture, which are either poisonous in their nature or are liable to be counterfeited or adulterated, together with all patent medicines, are submitted to chemical examination and analysis, and if found to be pure or, in case of patent medicines, if non-injurious, are stamped by the office as "allowed for medical use," or permitted to be sold without the stamp.

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[6] Addresses by the Scandinavian League against Vivisection, and the Victoria Street Society for the Protection of Animals from Vivisection united with the International Association for the Total Suppression of Vivisection, have recently been presented to the Japanese Government in deprecation of the introduction of vivisection.—See *Japan Weekly Mail, April 26th, 1884.*

Among the medicines requiring such stamps, may be mentioned strychnia, morphia and atropia and their compounds, santonin, ipecacuhana, digitalis, cinchona bark, extract bitter almonds, ether, chloroform, aqua ammonia, chloral hydrate, bromide and iodide of potassium, quinia and its compounds, bismuth subnitrate, citrate of iron and quinine, nitrate of silver, calomel and corrosive sublimate.

Manufacturers of medicines, as well as druggists and apothecaries, and all those who sell patent medicines, are required by law to obtain licenses for the same; and in case of the latter, a separate license or permit is necessary for each patent medicine offered for sale.

The sale of poisonous or powerful medicines, is also regulated by laws requiring, among other things, that the name of the medicine shall be plainly and clearly written *in Japanese* (and not in a foreign language alone), and the poisonous or powerful nature of the medicine denoted on a special label on each bottle, or package; and that these medicines shall only be sold under an order or prescription from a physician, apothecary, chemist or manufacturer of medicines or chemicals, stating the proposed use. In dispensing physicians' prescriptions, however, this is not required, beyond a statement from the physician to the one prescribed for, as to the poisonous nature of the ingredients of the prescription, but an exact record of all such prescriptions, as well as of all poisonous or powerful medicines dispensed or sold, is required by law to be kept by the apothecary, giving particulars as to date of each sale, the name of purchaser and prescriber.

Patent medicines are subject to a stamp duty of 10 per cent of the price at which they are sold at retail, and this price must be plainly stamped on each package.

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[7] Sei-yaku-ba.

The laws respecting the production, manufacture, and sale of opium and its derivitives, place it entirely under the control of the Government, which purchases it from the producer and sells it at the Government Laboratories in one drachm bottles, each sealed with the official stamp.

There are also a certain number of apothecaries especially licensed to sell this medicinal opium, who are required to display in front of their respective premises, a signboard denoting the fact that opium is kept on sale. The number of these apothecaries is governed by the size of the communities for which they are so appointed. They obtain their supplies of the drug semi-annually, on estimates sent in by them to the nearest Government Laboratory, and are required to keep a register of names and address ot persons to whom opium exceeding one drachm[8] in weight has been supplied, together with total weight sold during each half year, and also to send a copy of the same in duplicate at the close of each term, to the Local Government, which in turn forwards one copy thereof to the Home Department. Hospitals may purchase on order from the director, amounts at one time not exceeding five ounces, and private practitioners, quantities not exceeding one ounce; both of which are required to keep records of the dispositions made thereof, which must be furnished for inspection whenever called for by the proper authorities.

No apothecary is allowed to sell opium to Japanese or foreigners except on written order of a physician, or, as stated, to hospitals, or persons who are themselves licensed to sell opium.

The price of opium is determined by the government, and varies according to the abundance and quality of the home and foreign supply. Opium sold must contain from 6 to 11 parts of morphia. The penalty for infringement of these regulations is from yen 150 to 500, the confiscation of stock, and revocation of license.

THE MEDICAL BUREAU OF THE ARMY.—The Medical Bureau of the Army Department was organized in 1874 and at the the time of the last report (1883), consisted of 252 medical officers, or 54 less than the full number required. There were also 228 head attendants, and 746 ordinary attendants (nurses, etc.); making in all 974 soldiers under this bureau.

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[8] Amounts of less than a drachm are put down in a separate book and the total footing and number of sales only returned.

The following is a list of the number, grades, and the pay of medical officers:—Director-General, yen 350 per month;[9] 4 Inspectors, yen 250; 7 first-class Chief-Surgeons, yen 200; 22 second-class Chief-Surgeons, yen 150; 64 first-class Surgeons, yen 100; 83 second-class Surgeons, yen 60; 40 third-class Surgeons, yen 50; 9 deputy Medical Examiners, yen 45; 2 second-class Chief Apothecaries, yen 150; 5 first-class Apothecaries, yen 100; 4 Deputy Examiners in Pharmacy, yen 50; total 252, or 54 less than the full number provided for by law. Each of the six garrisons of the empire is provided with a hospital, the cost of maintaining which during the fiscal year 1882-3 was as follows: Tōkiyō, yen 70,770; Sendai, yen 9,512; Nagoya, yen 3,473; Ōsaka, yen 10,323; Hiroshima, yen 4,827; Kumamoto, yen 4,777; total yen 93,692. The amount expended for medicines during the same period was yen 32,570; the cost being yen 0.029 per day per head.

The average daily strength of the army was 39,559.36 men, and the average daily number of sick was 225.34. The total number of days of sickness was 82,240, and the daily sick rate, 5.695 per thousand. The number of deaths was 588, or 14.864 per thousand. The most prevalent diseases among the soldiers were those of the digestive organs, surgical diseases and febrile disorders. There were 1,233 cases of intermittent fever, 156 cases of cholera, 108 cases of typhoid fever, and 7,802 cases of *kakke*. In the Japanese military hospital in Korea, 1,135 cases were treated, and there were 33 deaths recorded. The cost of medicines was yen 595, or yen 0.042 per person per day. The total expense of conducting the business of the Bureau was yen 30,621.50, and the expense of the Department for ordinary expenditures, yen 8,278,144.78, and extraordinary, 1,196,083.11, making a total of yen 9,474,227.89.

The Medical Bureau of the Navy Department was organized in 1870, and at the present time has under it 101 medical officers, whose ranks and pay are as follows:—Director-General, pay yen 300 per month; 1 first-class Inspector, yen 250; 2 second-class Inspectors, yen 150; 6 third-class Inspectors, yen 100; 20 first-class Surgeons, yen 70; 18 second-class Surgeons, yen 50; 27 third-class Surgeons, yen 40; 25 fourth-class Surgeons, yen 30.

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[9] The Japanese paper yen has a value in U. S. gold varying from 60 to 85 cents. When on foreign stations an additional allowance is made.

The Bureau has two hospitals; one at Tōkiyō, established in 1871 at Takanawa, with Dr. Wheeler as surgeon (p. 345); and one at Yokosuka near Yokohama. These hospitals contain 163 and 167 beds respectively, including 44 beds for contagious diseases. The number of patients treated during one year (last report), was 907, and the average cost per bed yen 179. The total expense of the Bureau for last year (1883), was yen 91,817; the total expense of the Department, being—3,000,000 yen for the same period, the number of officers and men in the Navy during the same year, was 4,935.[10] The present Director-General is Kanehiro Takaki, F. R. C. S. Eng.[11]

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[10] In the General Report on the Diseases and Injuries of the Mariners in the Japanese Navy (1883), published in the Transactions of the *Sei-I-Kwai* (see Societies) No. 37, 1885, the following statements relative to sickness appear:—Total number of cases during year, 15,803; cured, 15,376; invalided, 26; died, 85; remaining at end of year, 316. From the same report it appears that of the above number of cases, 1292 were *Kakke* (beri beri) with 49 deaths. There were 1466 ophthalmic cases, 3672 cases of diseases of the respiratory system, 4093 cases of disease of the digestive system, and 1785 injuries. The ratios of the sick per thousand was 32.035; the number of days of sickness, 20,6861; the average number of sick daily per 1000, 114.87; the average duration of treatment, 13,089 days; and the death rate, 7.23 per 1000. The total number of mariners in the service was 4633. An interesting "Report on *Kakke* in the Navy in its relation to Food," by Surgeon-General Takaki, will be found in the Catalogue of the Exhibits sent by the Japanese Sanitary Bureau to the International Health Exhibition, London, 1885, in which the conclusion is drawn, that this disease "is in great measure due to unwholesome or insufficient nutriment, or from improper apportionment of food."

[11] Dr. Takaki spent a number of years in study in England where he at one time held the posts of House Surgeon and Accoucheur at St. Thomas's Hospital, London; and where he obtained the Cheselden Medal for Surgery and Surgical Anatomy and the Treasurer's Gold Medal for general proficiency and good conduct. He passed successfully the examination of the Royal College of Surgeons for membership, and in 1880 became a Fellow of the same body by examination.

Schools, Colleges, Hospitals, Etc.—According to a recent report there are 31 medical schools established by the prefectural governments, and also a few that are self-supporting. The hospitals established by the prefectural governments number 350, of which 221 are general hospitals, 124 venereal, 2 insanity, 1 lepra, 1 ophthalmic, and 1 institute of vaccination. There are also 294 self-supporting hospitals, of which 266 are general (including one charity hospital), 6 venereal, 5 *kakke* (beri-beri), 4 lepra, and 8 ophthalmic hospitals; also 1 lying-in, 1 fracture and dislocation, and 1 surgical general hospital. The Army Department has 6 hospitals and 14 sick-quarters; the Navy, 2 hospitals, and the Medical Faculty of the University of Tōkiyō, one main hospital and one branch establishment under its supervision. There are also sick-quarters connected with each of the large prisons throughout the country. The principal medical college in the empire is the Department of Medicine of the University of Tōkiyō. A historical sketch of this institution from its foundation has been already given (p. 342). The course of instruction in this department is modelled after that of the German colleges; and the foreign professors, of whom there are at present five, are also German. The main course covers a period of four years; and the preparatory course, three years more. There is also a course of lectures delivered in the vernacular, which is called the special course. This is the only body in Japan which bestows the degree of *I-gaku-shi*, or Master of Medicine, upon its graduates. According to a recent report, the number of graduates from the establishment of the Department to 1882, who have received this degree, is 151, while 389 have received the certificate of accomplishment of the special course, and 178 have been graduated in pharmacy. The total number of students in attendance in both courses is 972, and in the course on pharmacy, 89. Dr. Miyake is the present director.[12]

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[12] The following are the names of the foreign professors now connected with the University:—Dr. Groth, German and Latin languages; Dr. T. P. Eykman, Chemistry, Pharmacy and Pharmacology; Dr. F. Disse, Anatomy; and Dr. Scriba, General and Special Surgical Clinic, Ophthalmology, etc.; Dr. Erwin Baelz, General and Special Pathology, Therapeutics and bedside clinic; M. R. Lange, German and Latin, etc.

Provincial medical schools, as already stated, have been established in nearly every prefecture of the empire. The course of instruction in these schools varies in length from two to four years. The medical works employed in many of these schools are in English or translations from the English or German. Although there is still a large number of physicians practicing after the old style, there are very few schools of Chinese medicine. The principal hospital of the empire is that of the University at Tōkiyō. It is constructed of stone and plaster, in pavilions, and in foreign style. The patients usually lie on beds rather than on the mats, as in their homes, and the hospital compares most favourably with similar institutions at home. The following, from the Seventh Annual Report, will give an idea of the work done at the hospital. Medical and surgical clinics are held by native and foreign professors on every other day or oftener. Ophthalmic clinic, held daily by native physicians and by the foreign physicians three times a week. The number of out-patients treated during the year was 6,320, and of in-patients 1,157. There were four post-mortem examinations made during the year, two of males and two of females. There are some free beds in this hospital. The expense of in-patients varies from 25 sen per day to a yen or more.

The hospitals in the interior are mostly of wood and plaster; there have, however, been some built of brick or stone.

The largest free hospital in Japan is the Tōkiyō Charity Hospital, which was founded in 1882, with Drs. Totsuka, Inspector General of Hospitals, and Drs. Takaki, Surgeon-Major, both of H. I. J. M.'s Navy, as promoters. It is capable of accommodating over a hundred patients, and according to the last report, the number of patients treated during 1882-4 was 691; the number of days spent by patients in the hospital, 12,621; number of out-door patients, 1,981; and the number of days on which they received treatment, 38,824; number of members of the Society, 273, and amount of capital, 63,150 yen.

MEDICAL SOCIETIES.—The Medical Societies of Japan may be divided into two classes—educational and charitable. Under the head of educational, may be classed the purely medical, the sanitary and certain scientific societies. According to a table furnished the writer by the *Tōkiyō Iji Shinshi*, or Tōkiyō Medical Journal, the number of purely medical societies is eighteen, of which five are established in Tōkiyō, two at Ōsaka, two at Kiyōto, and one in each of the following prefectures :—Chiba, Wakayama, Fukushima, Aichi, Hiroshima, Shidzuoka, Hiyōgo and Sakai.

The membership of these several societies numbers from twenty to three or four hundred each, and the average number of meetings annually, from 10 to 50. All of these societies, with one or two exceptions, have for their object the advancement of Western medical science and practice of medicine in Japan. The principal societies of of the Capital are: the *Ko-I-Kuwai*, *Sei-I-Kuwai*, *Ho-Gen-Kuwai*, the *Tōkiyō-I-Gaku-Kuwai* and the *On-Chi-Sha*, to which may be added the *Tōkiyō-I-in-Kuwai*, a society of Chinese educated physicians, mentioned by Mr. Mayet in his interesting paper on "Japanese Societies in Tōkiyō."[13]

Several of these societies publish transactions monthly, or bimonthly. The *Ko-I-Kuwai*, of which Iwasa Jun is the president, is one of these, and the *Sei-I-Kuwai*, another. The latter society, according to the statement in a recent number of its Transactions,[14] "was founded in January of 1881, having for its general object, as its name signifies, the advancement of medical science in Japan, and also the establishment of a Medical Museum and Library, and the erection of a building for the same, equipped with apparatus, etc., for the purposes of the society.

"Since its foundation and up to the present time there have been held one hundred and fifty-eight meetings, in which one hundred and thirty-one clinical cases were exhibited, some of which were very interesting and instructive. The meetings are held on Wednesdays between 7 and 9 p.m.; and at the ordinary meetings, reports on clinical cases are made, lectures given, and some interesting points in foreign medical papers read. Discussions take place on clinical cases, which are exhibited half an hour prior to the opening of the meetings. A special discussion takes place once a month upon a certain subject selected a month in advance. A novel feature is the monthly English meeting, at which the discussions are conducted entirely in the English language.

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[13] Read before the German Asiatic Society of Japan, Dec. 20th, 1882. Also Translation of the same in the Chrysanthemum, No. 5, Vol. 3.

[14] *Sei-I-Kuwai* Trans. No. 36.

The society at first consisted of only twenty-two members, but now its members are eighty-six in number, including nine foreign members."

The president of this society is Takaki Kanehiro, F. R. C. S., Surgeon Director-General of the Japanese Navy. Of the five members of the Council, one is a foreigner. The Society has recently purchased a commodious building in Kiyobashi-ku for library purposes. It publishes its transactions monthly in a journal of over 60 pages, from eight to twelve of which are in English.[15]

The principal society of physicians of the Chinese School, is the *On-Chi-Sha*, of which Asada Sōhaku, one of the foremost physicians of this school, is president.

Besides these societies devoted to medicine, there are two sanitary or hygienic societies. The larger of these, the Japanese Society of Health, "owes its origin to the efforts of a few gentlemen, mostly physicians, who, feeling the necessity for the more general diffusion of sanitary knowledge in Japan, were led to adopt this as the most feasable plan of carrying out the purpose. The first meeting of the Association was held in May, 1883, when the number of members was 1,426. Meetings have since been held on the last Saturday of each month, at which four or five addresses, bearing upon public and personal hygiene, have been usually delivered. Reports of these addresses have been sent to all the members. According to a recent report, it appears that during the remaining months of the first year of its existence, the number of members increased to 4,514, and over twenty branch societies were formed in the provinces. The membership, a short time since, was reported at 5,620. The Regulations of the Association have been published in English. The following is a list of the promoters:—Messrs. Adachi, Hijikata, Hasegawa, Hosokawa, Ikeda, Ishiguro, Kabayama, Kagawa, Kuki, Matsumoto, Matsuyama, Mitsuma, Miyake, Nagayo, Sano, Shinagawa, Shirane, Takaki, Tashiro, Totsuka, Utsunomiya, Watanabe and Yoshikawa."—*Trans. Sei-I-Kuwai.*

The *Ri-I-gaku-Ko-dan-Kuwai*, or, Scientific and Medical Lecture course, is delivered by professors of the University of Tōkiyō. Its object is to popularize science and medicine. The first meeting took place in May, 1884, at which the attendance was over 1200. The lectures delivered on this occasion were by Dr. Ōsawa, on the *fugu*, or *tetrodon* poisoning, and by Mr. Yamakawa on the electrical machine.

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[15] An interesting article relating to this Society appeared in the *Japan Daily Mail* of January 9th, 1885.

The principal charitable medical societies are the Haku-Ai-Sha, or Red Cross Society of Japan ; the Do-Ai-Sha, or Neighborly Love Society, the *Raku-zen-Kuwai*, or Benevolent Society, mentioned by Mr. Mayet,[16] and the *Fujin-Ji-zen-Kuwai*, or Ladies' Benevolent Society.

The *Haku-Ai-Sha*, literally, Society of Universal Love, according to a recent statement,[17] was founded by Sano Tsunetami during the Saigō rebellion, with the object, in common with the Society of the Red Cross of Europe, of caring for the wounded in times of war. The *Do-Ai-Sha* was founded at Tōkiyō, in 1879, with the object of providing free medical treatment for those who are too poor to pay for it. It also has in view the establishment of a free hospital. The work of the Society is supported by voluntary contributions.

The contributors are of two classes; those who contribute money, and those (physicians) who give their services. In the first class are those who contribute lump sums, and those who agree to purchase a certain number of tickets for medicines. The physicians, who constitute the second class, agree to give treatment free to a certain number of patients within their respective districts daily, the medicine being paid for by the society at a certain fixed rate. These physicians display a large sign in front of their doors on which are written the words "*Do-Ai-Sha*." The tickets can be purchased from the society at five sen per ticket ; and each is good for medicine for one person for one day, at the office of the physician of the district in which the patient resides. The tickets may be distributed by the members themselves, or given to the ward medical officers for distribution. Two-fifths of the price of each ticket is retained by the society for working expenses, and the remaining three-fifths, or three sen, is handed over to the physician who treats the case.

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[16] See page 377, note 13.

[17] Kindly furnished the writer by H. E. Sano Tsunetami.

The last report[18] states that during the six years of its existence the society has given medical treatment to over 5,000 patients. The number of members, according to the same report, who contribute money is 239, of which number, 48 are physicians. The number of physicians who give free treatment is 56.

According to Mr. Mayet's paper above referred to, "the *Raku-zen-Kuwai*, or Benevolent Society for personal satisfaction, one of the fruits of which is the Blind and Dumb Institute in Tsukiji, Tōkiyō, rejoices in the patronage of the Emperor and Empress, and numbers among its members the élite of the Japanese highest classes."

The Society of the Tōkiyō Charity Hospital should also be mentioned here, the contributions of which, as already stated (p. 371), amount in the aggregate to nearly 70,000 yen.

The *Fujin-Ji-zen-Kuwai*, or Ladies' Benevolent Society, of which Countess Ōyama is president, numbers among its members many ladies of the highest rank, and has during the past year rendered great assistance to the Charity Hospital, to which it donated, a short time since, over 5,000 yen, the proceeds from a bazaar held in June last.

MEDICAL MISSIONS.—As one of the great levers in opening the way in Japan for the introduction of Western medicine and Western civilization, the efforts of the medical missionary deserve, perhaps, more than passing notice. Mention has already been made of some of the work in various localities by this class of medical men; and it now remains for us to consider the condition of medical missions in Japan at the present day. In order, however, that the facts concerning the past history of this branch of medical teaching may appear together, it will be necessary to refer briefly here to some of the events mentioned in previous chapters.

According to ancient records, medical priests practiced the art of healing at as early a date as the beginning of the seventh century, A. D.; but it is not mentioned that any foreign priest entered this country as a medical missionary at that time.

The first Western medical missionaries in Japan were probably those who accompanied hither Futen (Fröez) and Urugan (Organtin) in the middle of the sixteenth century. The result of the efforts of these men and their successors, in establishing botanical gardens, hospitals, and dispensaries, has already been recorded (pp. 307-310), and calls for no further comment, save to note the fact that their knowledge of the art of medicine was a most powerful aid to them in popularizing the religion they taught.

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[18] The writer is indebted to Dr. Takamatsu Rioan, president, for the reports of the society from which the above information has been obtained.

After the Portuguese, and if we except the Russian mission in Hakodate in 1858, the first Protestant medical missionary in Japan was Dr. J. C. Hepburn, who, as already stated, arrived at Kanagawa (Yokohama) in the autumn of 1859. The labors of Dr. Hepburn during the past twenty-five years, as a physician, as a student of Japanese, and as a missionary of the Cross, do not call for any tribute of praise from us, for a life filled, as his has been, with good deeds speaks for itself, and has made him universally respected wherever his name is known.

In 1859, Dr. D. B. Simmons arrived at Kanagawa as a missionary of the Dutch Reformed Church of America, but a year later resigned this commission and took up private practice.

In 1860, Dr. E. Schmidt, of the American Episcopal Church, who was the first medical missionary at Nagasaki, opened a dispensary at that port, but on account of ill health, was obliged to return home in the following year.

In 1872, Dr. J. C. Berry, of the American Board of Commissioners for Foreign Missions, who was the first medical missionary to give instruction to the Japanese at Kōbe, arrived at that port, and soon after, became director of the Government Hospital. He also assisted in the establishment of a number of dispensaries and a hospital, within a radius of twenty miles from Kōbe. Some years later he removed to Okayama, where he has been since connected with the Government Hospital of that city.

In 1874, Dr. Faulds, of the Scotch Missionary Society, established the Tsukiji Hospital, where the Listers antiseptic system and the treatment of fevers by the exclusive milk diet, were first introduced in Japan. A course of lectures on midwifery by Mrs. Chaplin-Ayrton, M.D., Paris, was given at this hospital in 1875.

In 1874, Dr. Macdonald, of the Canadian Methodist Church, opened a dispensary at Shidzuoka, and in the same year Dr. Palm founded a hospital at Niigata, where he was for some time assisted by Miss Shaw, now at Ōsaka in charge of the nursing at St. Barnabas' Hospital.

The number of missionary physicians and nurses now in Japan is nine: four in Tōkiyō, three in Ōsaka, one in Okayama, and one in Kanazawa, the latter being a lady (Dr. Porter). The medical work of these missionaries includes two hospitals (one at Tōkiyō, the Tsukiji Hospital with 10 beds, and one at Ōsaka, St. Barnabas' Hospital with 24 beds) and five dispensaries.

To this number it is proposed to add a large hospital and medical school at Kiyōto or Ōsaka, with a staff of foreign professors, under the *Dō-shi-sha*, a native Christian college, and another hospital at Tōkiyō under the Episcopal Church of America, the latter to contain 60 beds. A memorial hospital and training school for nurses, at Tōkiyō, has also been proposed.

Medical Literature and Libraries.—The medical literature of Japan may for the sake of convenience be classified under the following heads: History of Medicine; Chinese and Japanese Medicine; Western Medicine; Medical Periodicals; and Foreign Literature.

Medical history finds a place in nearly all the histories of Japan, more especially those which include the earlier records of the country. Asada Sōhaku in the *Mei-i-den* (p. 245) gives a list of 322 works, mostly histories, which contain historical sketches relating to medicine. Among the books thus referred to, mention of some of which has already been made, are to be found the *Ko-ji-ki*, *Ni-hon-sho-ki*, or *Ni-hon-gi*, *Ni-hon-ki-riyaku*, *Hon-zō-wa-miyō-den-sho*. Some of the books in this list are purely medical, such as the *Ko-chō-i-shi* (古朝醫史), Japanese Medical History, and *Hon-chō-i-kō* (本朝醫考), Reflections on Japanese Medicine, while others are of a secular nature, yet include numerous references to the condition of medical affairs in ancient times. The *Shin-dai-ki*, or the *Shin-dai-no-maki* of the *Ni-hon-gi*, is an example of such a work. In more recent times, several histories have been written to which reference has already been made, such as the *Dai-ni-hon-i-dō-yen-kaku-kō* (p. 243), or, Reflections on the History of Japanese Medicine, and *Ko-i-dō-yen-kaku-kō*, Reflections on Ancient Medicine. The most complete, perhaps, of the recent histories of medicine, is that of Kaku Kashiro, entitled *Kō-koku-i-ji-yen-kaku-shō-shi*, from which frequent quotations have been made. As a valuable contribution to medical history, should be mentioned, the *Kō-koku-mei-i-den* (p. 245), or, Biographical Dictionary of Famous Japanese Physicians, by Asada, which contains short biographies of 268 persons.

Under the head of Chinese and ancient Japanese medical works, may be placed all those works written by Chinese upon the subject of medicine, and read in Japan, and all that have been written by Japanese up to the beginning of the sixteenth century, and also many that have been written since. Among these are the *So-mon*, *Hon-zō*, *Rei-sū*, and *Wa-sai-hō*. The Department of Education has furnished the writer, through the kindness of His Excellency Tanaka Fujimaro, with a list of the more important Chinese and Japanese medical works, 44 in number, nearly all which have been mentioned in the references to the 217 medical works made in this paper.

From this list and the catalogues of medical works contained in the libraries of Dr. Asada Sōhaku, the Medical Department of the University, and the Tōkiyō Museum, Uyeno, and in the Tō-sho-kuwan, or Tōkiyō Library, the writer has compiled a list of Chinese and Japanese medical works, comprising over sixteen hundred names, with date and subject of each publication, together with the author's name, and the number of volumes included in each work. This list will be found appended to this paper.

The works in Japanese upon Western medicine and allied sciences, are, for the most part, translations or compilations from foreign writers. A list of 67 such works used in the government schools, contains not a few familiar names, such as Barker and Quackenbos on natural philosophy; Roscoe and Fresenius on chemistry; Smith and Gray on anatomy; Herman, Becker and Huxley on physiology: Niemayer, on the practice of medicine, and Loomis on diagnosis. The catalogue of Maruya & Co., the largest firm of booksellers in Tōkiyō, gives the following number of medical works on each of the subjects mentioned below: chemistry, 54; anatomy, 36; physiology 36; pharmacy, 61; practice of medicine, 13; diagnosis, 22; surgery, 41; obstetrics and gynaecology, 14; children's diseases, 14; sanitation and hygiene, 44; ophthalmology, 13; otology, 1; dentistry, 4; specialties, 45; dictionaries, 6; medical jurisprudence, 10; veterinary medicine, 11; miscellaneous medical works, 57.

Under this head should also be mentioned the medical publications of the Army and Navy, and Home Departments.

The two former publish annually the elaborate reports of their respective medical bureaux, while the latter publishes an annual report in Japanese and English of the Sanitary Bureau, also statistical tables, special cholera reports, and the Sanitary Journal.[19] Reports of contagious and infectious diseases are published weekly,[20] and reports of deaths by poisoning, etc., semi-annually.

According to a list furnished by the Department of Education, there are ten periodicals devoted to medicine, pharmacy and public health, which have a total circulation of about 4000 copies. Of those devoted to medicine, the *Tōkiyō I-ji Shinshi*, or Tōkiyō Medical Journal, the *I-ji Shimbun*, or Medical News, the *Sei-I-Kuwai-Geppō*, or Monthly Journal of the *Sei-I-Kuwai*, and the *Chiu-gai I-ji Shimbun*, or, Japanese and Foreign Medical News, have the largest circulation; that

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[19] The following is a list of publications of the Sanitary Bureau: Sanitary Journal, Nos. 1-38 incl.; Notifications of the Sanitary Bureau, 1-40; Annual Reports of the Sanitary Bureau, 1 and 2, 3, 4, 5 (Japanese). The same in English, 1 and 2, 3, 4. Reports on Epidemic Cholera, 1877; ditto 1879; ditto Supplement; ditto 1877 (English). Statistical Tables on Exhibition, 1879, at the Second National Industrial Exhibition of Japan, by the Sanitary Bureau, 1881. The same in English. Notes on clothing materials, etc.; Statistics of Births, Marriages and Deaths in cities and towns (partially translated), 1880. Descriptive Catalogue of the Exhibits of the Sanitary Bureau of Japanese Home Department at the International Health Exhibition, London, 1884.

[20] The report for the last week of December, 1881, gives the following:—

			SINCE JAN. 1st.	
DISEASE.	NEW CASES.	DEATHS.	NEW CASES.	DEATHS.
Cholera	—	1	919	419
Typhoid fever	207	79	21,813	5,251
Dysentery	81	62	23,095	5,787
Diphtheria	20	13	2,026	1,096
Typhus	2	2	1,147	240
Small-pox	39	6	1,297	299
Total	349	163	50,297	13,092

of the *I-ji-Shinshi* being 1800 weekly, and the *Chiu-gai I-ji Shinshi*, 2500 bi-weekly. The *Sei-I-Kuwai-Geppō* has a monthly circulation of nearly 700 copies, and has an English Supplement of 12 pages.

These journals are all ably edited, and contain government notifications, original articles, translations from foreign journals, and reports of bureaux, hospitals and schools. They are printed on good paper, with movable type; are usually post 8vo in size, and contain from thirty to sixty pages of printed matter, with occasional engravings. Advertisements seem to occupy a rather smaller proportion of space than is usually devoted to them in foreign journals. The price averages 10 sen per copy.

Of the remaining journals above mentioned, three are devoted to pharmacy, and one—the Journal of the Sanitary Bureau—to sanitary affairs. The press laws of Japan require the registration of all periodicals, and with certain exceptions, the deposit of security to the extent of over 500 yen. The exception has been made in favor of purely scientific journals. It is perhaps worthy of note, that every work, whether medical or of other character, must receive government authorization before being published, and if a translation, the name of the author must appear on the title page.

A few years ago the Central Sanitary Bureau undertook to compile a new pharmacopæia based upon modern medicine. Several Japanese and foreigners were engaged, and it is now already written out in German, and is soon to be published in Japanese and Latin. It is stated upon the authority of one of the committee, that it will, for the most part, follow the German Pharmacopæia, Japanese remedies, however, being employed wherever their merits have been fully tested.

Foreign medical literature relating to Japan will be found principally in the writings of Wilhelm ten Rhyne, Kaempfer, Mohnike, Siebold, Hoffmann, Wernich, Hilgendorf, Geerts, Simmons, Scheube, Baelz, Anderson, Eldridge, Faulds, Taylor and Berry, a list of which writings, so far as ascertainable, will be found in the appendix.

The principal medical library of Tōkiyō, and perhaps of the Empire, is that of the Medical Department of the University, which contains 467 Chinese and Japanese works, comprising 2,274 volumes and nearly 9,000 volumes of foreign works. Many of the latter, it should be stated, are text books, and are for the use of students. The actual number of separate works, therefore, must be much less. The library of Dr. Asada Sōhaku contains 478 separate works, comprising 1,677 volumes, of which number of works he is himself the author of 24. The Tōkiyō Library, Soto Kanda, contains 58 medical works in 455 volumes; and the Museum at Uyeno, one hundred medical works more. Besides these libraries, there are many smallar ones in the possession of physicians of the Chinese school.

An effort has recently been made by the Society for the Advancement of Medical Science in Japan, to found a Medical Library for the benefit of the profession and the students of Tōkiyō. A suitable building has been purchased, and several hundred volumes have already been received. It is known as the Tōkiyō Medical Library.

Medical Practice.—Very little beyond brief notes in books of travel, has been written upon the subject of medical practice in Japan at the present day. Of the methods, manners and customs of the physicians of earlier times, however, several most interesting sketches have been given us. Kaempfer, Siebold and Hoffmann have each contributed valuable papers. The latter, Dr. Hoffmann, late Professor in the Medical Department of the University, in the Transactions of the German Asiatic Society (pt. 1, 1873), gives a description of the state of medical affairs, as he found it over twelve years ago, and before the practice of Western medicine became as general as at present. The establishment of numerous medical schools, together with the promulgation of the regulations making it necessary for every physician to be provided with a license to practice (which, with certain exceptions is only obtainable upon passing examinations in the principal branches of Western medicine), has made a great change in the general character of medical practice, as well as the social standing of the physician, and is tending to bring about a state of affairs such as now exists in Western countries. The following from a special report of the Sanitary Bureau, shows the relative numbers of individuals connected with the practice of medicine in Japan:—Total number of physicians and surgeons, 38,609; of which 2,438 have passed the government examination, and a number have yet to pass. Of the remainder 31,766 were in practice before 1876, and have received licenses without examination. Besides these, there are 646 oculists, and 119, whose specialty is the diseases of the mouth. There are 3,576 medical students in the Medical Department of the University, the prefectural and the principal private medical schools. There are 201 apothecaries who have passed the Government examinations, and 8,316 who were in business before the enforcement of laws requiring the examination of those licensed to dispense medicines. It will be seen from these statistics, that the proportion of physicians who have not passed an examination is very large, yet it should be borne in mind that many of these have long studied and practiced medicine according to Western methods.

Generally speaking, the physicians of to-day may be divided into two schools: those of the Old School, who practice according to the ancient Chinese theories, and those of the New School, who follow the principles of medicine as taught in the West. Strictly speaking, however, the larger number of physicians in the smaller cities and towns are eclectic in their practice, following the teachings of both schools. The tendency of this class is from necessity toward the New School. The physicians of the Old, or Chinese School, who follow religiously the teachings of the ancients, are comparatively few in number, yet within their ranks are to be found some most successful physicians. Foremost among these, is Asada Sōhaku, one of the court physicians, and a man of wonderful genius.[21]

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[21] According to Imamura Riyō, in the Biographical Dictionary of Famous Physicians, Asada was born in Shinano, and is a descendant of a retainer who was in the service of Minamoto no Yoshinaka. An ancestor of Asada was lord of the castle called Asada Jō, in Shinano, from which the family name was derived. Medicine became the profession of the family from the time of the grandfather of the subject of this sketch. At the early age of 13, Asada Sōhaku began the study of medicine, and soon distinguished himself as a student of unusual ability. He went to Kiyōto when eighteen, and studied under the old Chinese physicians of that city. At 22, he resolved to seek his fortune in Yedo, and although poor and with but few friends in this great city, he persevered until, at the age of 40, he had obtained a wide reputation for his skill and learning. During the year 1858, when an epidemic raged, he had 2,993 patients under his care at different times. In 1861 he was presented to the Shōgun. In 1865, the biographer states, the French Minister Roches, who had suffered from a disease which had for a number of years baffled all medical skill, applied to the Shōgun for the advice of one of the most skilful of the physicians of this country; whereupon Asada was ordered to attend him, and succeeded in restoring him to health. In 1866, when the Shōgun, who

The ranks of this school are gradually being reduced, and, in all probability, within a few years, the Chinese school of medicine in Japan will have ceased to exist. The *Kuwam-pō-no-isha*, or Chinese educated physicians, as they are called, always dispense their own medicines, which, as has already been stated,[22] consist for the most part of herbs, and a few mineral substances, as mercury and lime. These medicines are usually dispensed in the form of coarse powders, with which decoctions are made by the patient. The fees are usually given to the carriage or *jinrikisha* coolies, when a call is made at the house of the patient; but as a rule, the fee is included in the price of the medicine, which ranges from five to ten sen per day.

Although, among the most conservative of the higher classes, as well as among the lower and ignorant classes, the Chinese physicians are still very popular, the superiority of Western medicine is rapidly becoming apparent to all.

Among the physicians of the New School, many have become eminent. The names of some of these in Tōkiyō are: Matsumoto, Ikeda, Hashimoto, Miyake, Sasaki, Satō, Takaki, Tōtsuka, Shimidzu, Mume, Harada. Kagawa and Ōsawa.

Western surgery seems to have attracted many students among the Japanese by the brilliancy of its results, and not a few Japanese surgeons have attained to great skill in this branch of science. A short time ago four ovariotomies, with three recoveries, were reported by Dr. Takaki of the Charity Hospital, and other surgeons have successfully performed operations considered to be most difficult. Indeed, the Japanese give promise of becoming most skilful surgeons. In medicine, much progress has been made, and efforts are being put forth by many, to keep fully up with the advance of science in other countries.

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was then in Ōsaka, was taken ill, Asada was sent for, and diagnosed the affection to be *kakke*. In 1871, when an American College applied to Japan for native medical works, the Medical Department sent, among others, the *Kō-koku-mei-i-den* (p. 383) by Asada, who is also the author of more than twenty other works, principally upon Chinese medicine. He is credited with saying that, "the *Ron-gō*, or Confucian Analects (p. 269) will establish character; while the *Shō-kan-ron*, or Treatise on Colds and Fevers, will save life" (p. 319).

[22] See pp. 250, 256-7, 284, 298, 500 and 313.

Among the specialists, there are some very skilful men, especially the oculists. The leading oculists of the Capital are Drs. Inouye, Itō, Ume, Kiribuchi, and Andō. The former of these has a practice amounting to over 200 cases daily, and others have also large practices. Many of these keep fully abreast with the times, and use the latest Western remedies, such drugs as jequirty, homatropin, and cocaine having already been employed in the treatment of ophthalmic diseases by several of the leading specialists.

The Japanese are excellent dentists, as many a foreigner can testify from experience. The most successful dentists of the Capital are those who have received foreign instruction, but there are many still practicing according to the old methods. The orthodox sign of a string of artificial teeth is no uncommon sight on the streets of Tōkiyō, and on the great thoroughfares may often be seen the peripatetic dentist, who during the frequent lulls in business usually entertains the passers-by with exhibitions of sword practice, etc., whilst an immense pile of teeth at hand testifies as to the number of patients already relieved.[23]

Although in ancient times, women were allowed to practice medicine, there have been none who have followed the art for several centuries past. Recently, it is stated, one Okada Misu applied for permission to be examined for the license to practice medicine.

With the physicians of the New School, as with those of the Old School, it has been the custom to include the fee in the price of the medicine ; but there is a growing tendency toward fixed fees, and it is fast becoming the fashion to write prescriptions to be filled by the licensed apothecaries.

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[23] The following, from the *Japan Herald*, goes to show that Japanese, even before the introduction of Western science into Japan, were far ahead of their neighbors the Chinese in mechanical ingenuity.

"At a recent meeting of the Odontological Society of London, Dr. Elliott exhibited and presented to the museum some very curious artificial dentures of Japanese manufacture. The Japanese had derived most of their technical and scientific knowledge from the Chinese, but, in this matter, they were far in advance of their teachers ; for, whilst the latter could only carve a row of incisors and fasten them to the teeth on either side, the Japanese could make thoroughly serviceable dentures and had been acquainted with the method of fixing them by suction for about two hundred years. The teeth were mounted on hard wood, those in front being made from quartz pebbles carefully ground down, but the process of mastication was performed by copper nails, which occupied the place of the molars. One of the dentures exhibited had been in use for fifteen years. Dr. Elliott gave a very interesting account of the way in which they were made and fitted."

The value of the practice of any one of the more popular physicians of the Capital is quite considerable, and amounts to as much as $800 per month in one or two instances, although it is probable that the average income of a fairly successful physician is not equal to more than $100 per month.

Physicians in Japan are classed, as in Western countries, with the priests and lawyers, but the profession, as a whole, stands perhaps somewhat higher socially, and many of its representatives now, as in olden times, hold important positions at court and under the government. The possession of a knowledge of the Western sciences, now required of every applicant for the official license to practice medicine, and the growing indifference toward the Buddhist and Shintō religions, tends to raise the relative social rank of the physician above that of the priest.

Concluding Remarks.—As a suggestive, and perhaps fitting, commentary upon the subject of the foregoing sketch of medical progress in Japan, the following comparative table has been arranged of the principal events connected with, or affecting the progress of medicine in Japan and China, and in the West.

Japanese and Chinese.[24]	
Emperor Shin-nō *(Shin-nung)*, to whom Chinese tradition ascribes the earliest writings on medical art (the *Hon-zō*)	B.C. 2737
Emperor Kō, or Kō-tei *(Hwang Ti)*, according to Chinese tradition the first to teach acupuncture, and theory of the *In* and *Yo*,	B.C. 2697-2597
Ō-na-muchi-no-mikoto, according to Japanese tradition the first to teach the art of medicine in Japan about	1600
Emperor Jimmu, the last ruler of the *Shindai* or "Divine Age" of Japanese history, and the first ruler of the *Jin-dai* or present age, ascended the throne	B.C. 660
Confucius, born	B.C. 551
Hen Jaku Pien Ch'io, a celebrated Chinese physician, author of the *Nai Kiyō*	B.C. 5th-4th c.
A Chinese physician *(Jo Fuku)* with a colony said to have crossed over to Japan	B.C. 218-214
Period of so-called pure Japanese medicine, said to have terminated between	B.C. 200 & 90
An ambassador from Korea arrived	

Western.[25]	
Abraham	B.C. 20th c.
Alleged beginning of Chaldean astronomical observations sent by Callisthenes to Aristotle	2234
Egyptian Monarchy founded	2188
Moses born	1577
Athens founded	1556
Letters brought into Greece	1493
Chiron, the Centaur (Greek Mythology	12th c.
Æsculapius, God of Physic of Greek Mythology	12th c.
Venesection first practiced	1192

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[24] Except when otherwise stated, the events mentioned in the left hand column refer to Japanese history. Titles of books and Chinese proper names are written in italics.

[25] The following brief notes on the principal events of medical history up to the close of the 18th century, have been taken from the Encyclopædia Britannica, Chamber's Encyclopædia, the New American Encyclopædia, and from Dunglison's History of Medicine and Macdonald's Historical Sketch of Medicine from the Earliest Times. A few events from general history have been inserted on account of the influence they have exerted upon the progress of science, and consequent indirect relation with the subject.

in Japan .... B.C. 33

Small-pox known in China (Wylie) .... A.D 2nd c.

Japanese military raid upon Korea. A.D. 11

Chō Chiū-kei, or *Chiū-kei*, a celebrated Chinese physician, the author of the *Kin-ki* and *Shōkanron*, whose teachings have formed the basis of all the ancient schools of medicine of China and Japan, flourished ...... *Tung To Han dy.* 25-221

Invasion of Korea by Empress Jingō. 201

Sō Kō, a noted Chinese physician, wrote the *Somon*, the first authority in ancient Chinese medicine.. 221-264

The *Ron-go*, or Confucian Analects, brought over to Japan 283

Miyaku kiyō or *Mih king*, the celebrated treatise on the pulse, written by the Chinese *Wâng Shŭh-hô* .. 3rd c.

Two Korean physicians summoned to treat the Emperor Inkiyō, arrived in Japan 413

Chinese physicians said to be familiar with anæsthesia produced by means of hemp in the .... 4th c.

First post-mortem recorded in Japanese history 459-479

Korean physicians and botanists arrived in Japan.............. 553

Period during which Chinese medicine flourished 553-1156

Buddhism introduced from Korea .. 553

First recorded epidemic of measles.. 586

Priests began to practice medicine .. 593

Bureau for the distribution of medicines and food to the poor, first established 600-622

Small-pox said to have been introduced from Korea 670

Establishment of the first University and Medical College in Japan 700

The *Ko-ji-ki*, the earliest authentic connected record of ancient Japanese matters extant, completed 712

First medical dispensary established. 730

Severe epidemic of small-pox 735

The art of surgery first practiced as a separate branch of medicine .. 750-800

Medical reform inaugurated by the Empress Kōken 758

The Capital removed from Yamato to Heian Jō (now Kiyōto) 784

Active and personal reign of the Mikados (Griffis)... B.C. 660 to 8th c. A.D.

Duration of simple monarchy..8th-12th c.

The *Dai-dō-rui-shiu-hō*, a compendium of medical knowledge down to

Asclepiadæ, descendants of Æsculapius practiced........ B.C. 12th c.-4c.

Rome founded...................... 753

Alcmæon. the first comparitive anatomist .... 6th c.

Hippocrates, the father of rational medicine, held that the body itself is composed of 4 elements differently combined in different individuals, and derived from them, the 4 humors of the body, blood, phlegm, bile and black bile, from which again are derived the 4 temperaments; disease consists in the disordered condition of the fluids; an influence termed nature influences every part of the human frame and superintend all its actions 460-357

Plato and Aristotle............ 429-322

Praxagoras, the last of the Asclepiadæ .... 4th c.

Dogmatists and Rationalists the prevailing schools. The Dogmatists held that in order to treat disease, the physician must be acquainted with the causes of disease, and with the physiological processes of the body. They also held the fluids to be the prime seat of disease.

Medical school founded at Alexandria, 320

Dissection practiced on the bodies of criminals by Herophilus and Erasistratus.............. 300-260

The heart believed to be the origin of nerves and arteries, but arteries were supposed to contain air ....

School of the Empirics said to have been founded by Philinis, who held observation and experience to be the only safe guide in the treatment of disease...............3rd c.

Xenophon of Cos, flourished 250

Hæmorrhage arrested by applying a ligature around a limb, about 250

Instrument for breaking stones in the bladder, invented by Ammonius, about 250

Practice of medicine and surgery first introduced at Rome by Archagathus, who was afterward banished on account of his use of the knife and cautery; about.......... 219-200

School of the Therapeutes founded, the chief object of which was the study of the virtues of natural substances as curative or poisonous agents, about 150

the end of the 8th century A.D., compiled by Abe no Masanao and Idzumo no Hirosada	809
First charity hospital established.	824-834
Inoculation practiced in China (Wylie) before the	9th c.
Chin Jitsu-kuwa (*Ch'in Jih-hwa*) a famous Chinese botanist flourished (*Sung dy.*)	960-1127
I-shin-hō, an enclycopædia of Chinese medical works of the *Sui* and *T'ang* dynasties (589-907), compiled by Tamba Yasuyori, a noted (Japanese) professor of acupuncture	809
Monobe no Asson Kōsen, "Father of Hygiene," flourished	9th c.
Hon-zō-wa-miyō, Botany written in Japanese	900-20
Period of decay of Chinese medicine in Japan	1156-1600
Military classes dominate	1167-1868
Modern complex feudalism	12th c. 1868
Foundation in China of the schools of *Ri Tō-yen* and *Shiu Tan-kei*, which, according to Japanese writers, held internal diseases to be caused by the penetration from the outside of pestilential vapor, and diseases of the alimentary canal to be due to improper food and over exertion, and also, that the body is composed of five elements corresponding with the five elements of the universe of Chinese philosophy	1280-1368
Medical library of Wake Tsunenari destroyed by fire	1370
Tashiro Dōdō, the first to teach the theories of *Ri Tō-yen* and *Shiu Tan-kei*, born	1465
Manase Shōkei, reviver of medical learning, born	1507
First appearance of Europeans in Japan	1543
Introduction of Christianity, from	1558
First hospital under European surgeons	1559
School of medical philosophers	——
Dutch physicians first appear in Japan	1580-1600
Rise of the schools of Western surgery of *Nam-ban*, Nishi, Kurizaki, Kasper and others, from	1580
Nagata Tokuhon, reviver of ancient Japanese medicine	1512-1630
Rise of the school of Gotō Tatsu, which held that any impediment to the flow or circulation of the *Spirit* causes disease	1663-1687

Alexandrian Library first destroyed	middle 1st c.
Decay of medicine began	
Greece subdued by Rome	146
Asclepiades, the first who recommended paracentisis of the abdomenal parietes by acupuncture in ascites, and attempted the operation of laryngotomy, the inventor of the shower-bath, who held that the human body is permeated with pores through which atoms are continually passing, the symmetry between the pores, and the atoms which pass through them is the condition of health, while any obstruction of the pores or irregularity of distribution of the atoms constitutes disease. He professed that it is the physician's duty to "heal safely, speedily and pleasantly;" consulting the patient's inclinations and flattering their prejudices (see Nagata Tokuhon)	1st c.
Establishment of school of Methodists, which took a middle ground in practice between the Dogmatists and Empirics, and which held that the solids of the body are first affected, and that the derangement of the humors is but secondary	1st c.
Celsus, author of the celebrated work, "De Medicina," who first employed ligatures for the arrest of arterial Hæmorrhage; was the first to describe the operation of depression for treatment of cataract; flourished	B.C. 1st c.
Christ born	
Aretæus was the first to make use of blisters employing cantharides	A.D. 1st c.
Dioscorides, the greatest ancient authority on botany and materia medica, author of "De Materia Medica," flourished	1st c.
Galen, the first great physician of the Christian era, and the greatest ancient authority on the pulse in the diagnosis and prognosis of diseases, and a voluminous writer, who adopted the Hippocratic theory of the 4 elements, humors and qualities, also holding that besides the solids and fluids there is a third principle, the spirits, of which there are three kind, the natural, the vital and animal, born	136

Syphilis first appeared at Nagasaki, said to have been imported from the south (China) 1624-1644
Dr. Kaempfer arrived at Nagasaki.. 1665
Epidemic cholera appeared in China (Cleyer) 1669
The "tube acupuncture needle" invented 1688
The *Yamato Hon-zō*, or botany of Japan published 1709
First dissection of the human body made in Japan .. middle of the 18th c.
Epidemic of cholera (?) 1718
Rise of the school of Yoshimasu Tamenori, which held all diseases to be due to one specific poison, and that treatment should consist in neutralizing this poison by another poison, equally powerful, a kind of homeopathy 1751-1763
The *San-ron*, an original system of midwifery, and the standard Japanese authority upon the subject, written by Kagawa Genyetsu.... 1760
Establishment of a Medical College (Chinese system) by Taki Genkō.. 1765
Rise of the school of Yoshimasu Nagai, which held that the continual circulation of the vital spirit, air and water, constituted health, and its interruption disease 1772-1780
Sugita and Mayeno published translation of a Dutch work on anatomy.1773-4
Yemi Sampaku taught that the stoppage of food in the stomach causes all disease 1780
Vaccination introduced at Canton, by Dr. Pearson (Wylie) before...... 1805
Cholera epidemic 1821-2
Vaccination introduced at Matsumai, Yezo, from Russia by a Japanese fisherman, in................. 1824
Dr. von Siebold gave instruction to pupils at Nagasaki, and endeavored to introduce vaccination 1824
The practice of Western medicine prohibited by the Shōgun 1848
Vaccine virus introduced at Nagasaki by Dr. Mohnike, a Dutch physician 1849
Treaty with the United States 1854
Medical School established at Nagasaki under Dr. Pompe van Meerdervoort 1857
First hospital under foreign surgeons at Nagasaki 1858
Institution of vaccination, the foundation of the Medical Department of the University of Tōkiyō, es-

Second decline in medicine ....
Under the Christian Emperors, *archiaters* (chief physicians), established in every large town and examination of those desiring to practice medicine, made compulsory .... 4th c.
The first establishment of hospitals, said to have been by St. Paula, at Jerusalem .... 4th c.
And at Rome by Fabiola ...... 5th c.
School of medicine established at Edessa .... 6th c.
Alexander of Tralles, the first to mention the therapeutic use of rhubarb and to propose colchicum as a remedy for gout, flourished. 6th c.
Paulus Ægineta the last Greek medical author of note, and the first great obstetrician, flourished middle......................... 7th c.
Aaron Ahran, the oldest medical author among the Arabs, said to have been the first to describe small-pox .... 7th c.
The monks of the West practiced medicine as part of their calling, 7th c.
Title of physicians first applied to those who practiced physic .... 8th c.
Invasions of Spain and France by the Saracens .... 710, ?
Schools in which medicine was taught established in England....
Medicine ordered to be taught in the schools of Lyons, Metz and other towns in France 805
School of medicine founded at Bagdad, about 763
School of medicine founded at Cordova, about 780
University of Oxford founded 872
Rhazes, a celebrated Arabian physician described small-pox and measles .... 9th and 10th c.
Avicenna, a remarkable Arabian, author of the "Canon," and inventor of the flexible catheter and other instruments, flourished between 978-1036
Hildegarde, abbess of Rupertsberg, first female physician of note, 1098-1180
Decline of the Saracenic Universities of Spain, from about 1200
Mondini de Luzzi, the first to conduct systematic dissections of the human body in............... 1315
School of chemical physicians flourished .... 16th c.
Foundation of the school of Vitalists

tablished	1858
Dr. Hepburn, the first Protestant medical missionary arrived at Kanagawa (Yokohama)	1859
First Japanese medical students sent to Europe	1859
Russians established a hospital at Hakodate	1858-9
First embassy to the United States.	1860
Epidemic of measles	1860?
Western medicine first practiced at Court	1860?
Epidemic of cholera	1861-2
Lock-hospital established at Yokohama, and compulsory inspection of prostitutes begun	1867
War of the Restoration	1867
Drs. Müller and Hoffmann, German surgeons, appointed to be professors in the Medical College, Tōkiō	——
Medical Bureau of the Navy organized	1870
Embassy sent to the United States and Europe	1871
First Medical Journal published in Japanese	1872
Sanitary Code formulated	1873
Central Sanitary Bureau established.	1873
Vaccination made compulsory	1874
Medical Bureau of the Army organized	1874
Compulsory examinations of candidates for license to practice medicine inaugurated	1875
Japan represented in the International Sanitary Conference at Washington	1880
A Japanese surgeon (Mr. Takaki) became a Fellow of the Royal College of Surgeons, England, by examination	1880
New Japanese pharmacopœia begun,	1881
Japan represented at the International Health exhibition, London.	1884
Addresses presented to the government by the British and International Anti-vivisection societies in deprecation of the introduction of vivisection	1884
First Medical Journal published (partially) in English	1885
and mathematical physicians	
The art of printing discovered	1450
Syphilis said to have been first described	1495
Sydenham, the English Hippocrates, born	1624
William Harvey published his doctrine of the circulation of the blood in	1628
Powerful microscopes first used in scientific investigation	17th c.
Bœrhaave the most eminent teacher of medicine in the early part of the	18th c.
Haller, the father of modern physiology	1708-1777
The practice of inoculation introduced from Adrianople by Mary Wortley Montagu, in	1717
Earliest example of medical teaching in America probably found in the anatomical demonstrations of Dr. Thomas Cadwalader at Philadelphia (Dunglison)	previous to 1750
Medical school, now of the University of Pennsylvania founded	1762
Medical school established at New York	1768
Medical School of Harvard College, instituted	1782
Discovery of vaccination by Edward Jenner	1797
Epidemic cholera in Europe	1830-5
Sulphuric ether first used to prevent the pain of an operation	1846
Chloroform as an anæsthetic discovered	1847-8

Note.—Since the reading of this paper before the Society in May, 1884, and whilst it has been passing through the press, the writer has availed himself of several later publications upon the subject, and has made considerable addition to his original article.

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[1] The following references have been obtained chiefly from the Index Medicus, Neale's Digest, the authorities already quoted, and from the writer's own notes. No attempt has been made to make the list complete as to foreign writers on Chinese medicine, mention being made only of the authors referred to in authorities quoted in these notes. The Chinese and Japanese Bibliography of the subject will be found in another place.

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[2] The figures denote the page on which mention of the medicine is made and where the Latin or English equivalent will be found. When the Chinese characters opposite the Japanese names are enclosed in parentheses they represent only the Chinese name of the remedy; but when unenclosed they are also the phonetic equivalents.

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CHINESE AND JAPANESE MEDICAL WORKS.

The following list of the principal works upon Chinese and Japanese medicine and allied subjects,[1] has been compiled from the several sources mentioned in the foregoing notes, and from the catalogues of the principal libraries of Japan and the Imperial Library at Pekin, and also from the lists of medical works mentioned in Wylie's "Notes on Chinese Literature," and by Paou Tso-Hwang (Ho Sa-Kuwan) in his article on Chinese medicine (p. 293), recently published in the *Hau Pao*, Shanghai.

Whilst it has been the intention of the writer to place in this list only such works as relate to Chinese and Japanese medicine as distinguished from Western medicine, nevertheless it has been found necessary to admit certain works in Japanese and Chinese on Western medicine for the reason that mention has been made of them in other portions of this paper.

The title of each work is given in Chinese characters, followed by a Roman transliteration of the same.

In order to distinguish the works of Chinese authors from those of Japanese, the transliterated titles of the Chinese works as well as the names of their authors appear in italics; the phonetic equivalent in either case being given in Sinico-Japanese, according to the pronunciation most common among the physicians of Tōkiyō.

An asterisk (*) following the transliterated title of a work denotes that the same is included in the list furnished by the Department of Education (p. 383) of the more important medical works published in Japan; a dagger (†) denotes that the work is mentioned in Wylie's list of the principal Chinese medical works; and a double dagger (‡) denotes that the work is included in the list of books mentioned by Paou Tso-Hwang.

The figures following the title refer to the page of these notes on which mention of the work is made; and the letters a, b, c, d, f, i, and l denote the Libraries in which the works are to be found.

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[1] For the western bibliography of the subject see page 395.

a, Library of Dr. Asada Sōhaku, Tōkiyō.[2]
b, Tōkiyō Library, Kanda.[3]
c, Library of the Medical Department, University of Tōkiyō.[4]
d, Library of the Uyeno Museum, Tōkiyō.[5]
f, Von Siebold's Collection of Japanese books and MS., Royal Museum, the Hague.[6]
i, Imperial Library, Pekin.[7]
l, Tōkiyō Medical Library.

The subject of each work, when known, is denoted by one or more italic letters preceding the name of the author, according to the following table:—*ac.*, Acupuncture; *ae.*, Aetiology; *an.*, Anatomy; *bi.*, Biography; *bib.*, Bibliography; *bo.*, Botany; *cat.*, Catalogue; *cf.*, Colds and Fevers (see *skr*); *cd.*, Children's Diseases; *ch. i.*, Cholera Infantum; *clm.*, Clinical Medicine; *cm.*, Moxa-cauterization; *com.*, Commentary; *cr.*, Collection of Reprints; *cy.*, Cyclopædia; *dc.*, Diseases of Cattle; *den.*, Dentistry; *di.*, Diarrhœa; *dg.*, Diagnosis; *dict.*, Dictionary; (*ed.*, Edited;) *el.*, Elementary; *ep.*, Epidemics; *ex.*, Explanations; *f.*, Fevers; *fd.*, Fractures and Dislocations; *gm.*, General Medicine; *gs.*, General Surgery; *hist.*, History; *if.*, Intermittent Fever; *k.*, *Kak-ke*, or Beriberi; *l.*, Leprosy; *m.*, Medicine; *mc.* Medical Commentary; *md.*, Malarial Diseases; *me.*, Measles; *mh.*, Medical History; *mm.*, Materia Medica; *mr.*, Medical Rules; *mwm.*, Medical Weights and Measures; *n.*, or *nos.*, Nosology; *nd.*, Nervous Diseases; *ob.*, Obstetrics; *oph.*, Ophthalmology; *pa.*, Pathology; *ph.*, Physiology; *pm.*, Popular Medicine; *pr.*, Prescriptions; (*pt.*, Part; *pub.*, Publisher;) *p.*, Pulse; *s.*, Surgery; *sh.*, Shampooing; *skr.*, *Sho-kan-ron* or Discussion on the Theory of Colds and Fevers; *sp.*, Small-pox; *sy.*, Syphilis; *sym.*, Symptomatology; *th.*, Therapeutics; (*v.*, Volumes, see note 55, p. 28;) *vet.*, Veterinary Medicine; *wc.*, Water Cure; *wd.*, Women's Diseases; *ws.*, Wounds, sores, etc.

It has not been possible, owing to the ambiguity of some of the titles, and to lack of reference, to give in every instance the subject of the work, and therefore when unknown or very doubtful it is omitted.

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[2] MS. Catalogue furnished by Dr. Asada.

[3] Printed Catalogue.

[4] MS. Catalogue furnished by Dr. Miyake, Principal of the Medical Faculty.

[5] From MS. Catalogue.

[6] Descriptive Catalogue by J. Hoffmann, 1845.

[7] Printed Catalogue, 欽定四庫全書總目.

1. 按摩手引 Am ma te biki, c, *sh.* 藤林良伯 Fujibayashi Riyōhaku, 1 v, 1700
2. 按腹傳 Am puku den, c, *sh.* 廣川鐵齋 Hirokawa Tessai, 1 v, 1799
3. 按腹圖解 Am puku dzu kai, a, *sh.* 太田晋齋 Ōta Shinsai, 1827
4. 安驥活奪集 An ki kuwatsu datsu shiū, b, *vet*, 20 v
5. 阿是要訣 A ze yō ketsu, 317. *cm.* 岡本一抱 Okamoto Ippō, 17th c
6. 黴毒徵毖篇 Bai doku chō hitsu hen, a, *sy.* 淺田宗伯 Asada Sōhaku, 1 v, 19th c
7. 梅花無盡藏 Bai kuwa mu jin zō, cd, *sy.* 長田德本 Nagata Tokuhon, 3 v, 1767
8. 梅花無盡藏纂紛 *Bai kuwa mu jin zō san fun* (MS.) c, *sy.* 邑壞中新理 *Yū-kuwai Chiū Shin-ri*, 1 v
9. 楳癘新書 Bai rai shin sho, a, c, *sy.* 片倉元周 Katakura Genshiū, 2 v, 1786
10. 黴療約言 Bai riyō yaku gen, c, *sy.* 村上圖基 Murakami Toki, 1 v, 1802
11. 黴瘡茶談 Bai sō cha dan, c, *sy.* 船越敬祐 Funakoshi Keiyū, 1 v, 1843
12. 黴瘡秘法 Bai sō hi hō, a *sy.* 加藤流 Katō Riū, 1 v
13. 黴瘡秘錄 Bai sō hi roku, *sy.* c, 村上 Murakami, 2 v, 1774
14. 黴瘡秘錄別記 Bai sō hi roku bek ki, c, *sy.* 村上 Murakami, 1 v, 1808
15. 黴瘡秘錄標記 Bai sō hi roku hiyō ki, c, *sy.* 村上 Murakami, 2 v, 1808
16. 黴瘡口訣 Bai sō kō ketsu, a, *sy.* 獨嘯菴 Dokushō an, 1 v, 1781-9
17. 楳瘡私考 Bai sō shi kō, a, *sy.* 佐藤有信 Satō Yūshin, 1 v
18. 黴瘡新書 Bai sō shin sho, c, *sy.* 青地盈林 Awoji Yeirin, 5 v, 1821
19. 黴瘡証治秘鑑 Bai sō shō chi hi kan, a, *sy.* 橘尚賢 Tachibana Shōken, 2 v
20. 馬脾懲毖篇 Ba hi chō hitsu hen, a, 淺田宗伯 Asada Sōhaku, 1 v, 19th c
21. 馬經大全 *Ba kiyō dai zen*, c, *vet.* (國師) 馬師門 (Kokushi) *Ba shi-mon*, 4 v
22. 萬安方 Ban an hō, 282, ad, 梶原性全 Kajiwara Shōzen, 50 v, 14th c
23. 婆心錄 Ba shin roku, a, *ob.* 1 v
24. 辨醫斷 Ben i dan, see I dan, a, *dg.* 鶴汀屈 Kuwaku Teikutsu, 2 v, 1766
25. 辨斥醫斷 Ben seki i dan, *dg.* a, 田中榮信 Tanaka Yeishin, 1 v, 1778
26. 辨溫熱 *Ben un netsu*, *f.* 297 吳菊通 *Go Kiku-tsū*
27. 辨溫疫論 Ben un yeki ron, a, *f.* 源惟和 Gen Iwa, 1 v
28. 別傳三貫方 Betsu den san kuwan hō, 355, *ac.* 三島安一 Mishima Anichi
29. 備急八藥新論 Bi kiū hachi yaku shin ron, c, *th.* 佐藤神符滿 Satō Shinfuman, 3 v, 1831
30. 病源候論 *Biyō gen kō ron*, 278, ac, *sym. ae.* 巢元方 *Sō Gen-hō*, 10 v, 1507
31. 病源候論箚記 Biyō gen kō ron tō ki, *sym ae.* 丹波元簡 Tamba Genkan, 2 v
32. 病因考 Biyō in kō, 320, a, *ae.* 後藤艮山 Gotō Konzan, 1 v, 17th c
33. 病因考 *Biyō in kō*, 320, c, *ae.* 徽洵美 *Ki Jun-bi*, 1815
34. 病因精義 Biyō in sei gi, a, *ae.* 小森講義 Lectures by Komori, 1813
35. 病因指南 Biyō in shi nan, 317, *ae.* 岡本一抱 Okamoto Ippō, 17th c
36. 病家須知 Biyō ka su chĭ, c, d, *mt.* 革鷄道人 Kakkei Dōjin, 8 v, 1833
37. 病機彙論 *Biyō ki i ron*, a, *pa.* 沈郎中 *Chin Rō-chiū*, 10 v
38. 病名彙解 Biyō mei i kai, c, *nos.* 桂洲甫 Katsura Shiūho, 7 v, 1686
39. 病名解 Biyō mei kai, *nos.* 中島豐足 Nakashima Hōsoku

40. 病名俗解 Biyō mei zok kai, d, *nos.* 宜春菴 Gi Shun An, 1 v
41. 暴病管見 Bō biyō kuwan ken, a, *pa.* 田宮尚施 Tamiya Shōshi, 1 v, 1858
42. 暴瀉須知 Bō sha su chi, a, *chi.* 淺田宗伯 Asada Sōhaku
43. 聞人氏痘疹論 *Bun jin shi tō shin ron*, e, *sp*, *m.* 聞人規 *Bun-jin Ki*, 1323
44. 物品識名 Bup pin shiki mei, f, *mm.* 水谷豐文 Midzutani Hōbun, 4 v, 1809
45. 物類品隲 Butsu rui hin shitsu, e, *mm.* 平賀 Hiraga, 6 v, 1763
46. 物產目錄 Bus san moku roku, 362, *mm.* 稻生宜義 Inao Nobuyoshi, 18th c
47. 治驗 Chi ken, a, *clm.* 1 v
48. 治驗錄 Chi ken roku, *clm.* 10 v
49. 知機藥言 Chi ki yaku gen, a, *th.* 田宮尚施 Tamiya Shōshi, 1744
50. 沈痾奇編 Chin a ki hen, a, *pa.*
51. 陳菴醫話 Chin an i wa, a, *m.* 1 v
52. 治痢軌範 Chi ri ki han, c, *m di.* 大鶴東海 Ōtsuru Tōkai, 1 v, 1817
53. 治痢功徵篇 Chi ri kō chō hen, a, *m di.* 伊藤維恭 Itō Ikiyō, 1 v, 1791
54. 治世興漢術 Chi sei kō kan jutsu,
55. 治痧要畧 *Chi sha yō riyaku*, c, *m.* 東伯甫 *Tō Haku-ho*, 1 v
56. 知足齋遺方 Chi soku sai i hō, a, *pr.* 永田德本 Nagata Tokuhon
57. 知足齋禁方 Chi soku sai kin hō, a, *th.* 永田德本 Nagata Tokuhon, 1 v
58. 知足眞人本經 Chi soku shin jin hon kiyō, MS. c, *an.* 峯宗伯 Mine Sōhaku, 4 v
59. 知足眞經別錄茅子總理 Chi soku shin kiyō betsu roku bō shi sō ri, MS. c, *an.* 峰宗伯 Mine Sōhaku, 2 v
60. 治水家言 Chi sui ka gen, a, *wc.* 加古次主水 Kakoji Mondo 2 v
61. 治痘論 Chi tō ron, c, *sp.* 池田晋柔 Ikeda Shinjiū, 1 v, 1843
62. 治痘要方 Chi tō yō hō, c. *sp.* 池田霧溪 Ikeda Mukei, 1 v, 1835
63. 中條流產書 Chiū jō riū san sho, a, *ob.* 2 v, 1722
64. 仲景傷寒補亡論 *Chiū kei shō kan ho bō ron*, a, *f.* (河南) 郭雍 (Kanan) *Kuwaku Yō*
65. 仲景傷寒論 *Chiū kei shō kan ron*, a, *f.* 成無己 *Sei Bu-ki*, 6 v
66. 仲景傷寒論淺注 *Chiū kei shō kan ron sen chiū*, a, *f.* 陳念祖 *Chin Nen-so*, 4 v
67. 肘後備急方 *Chiū kō bi kiū hō*, *pr.* 葛洪 *Katsu Kō*, 8 v
68. 肘後方 Chiū kō hō, *pr.*
69. 肘后百一方 *Chiū kō hiyaku ichi hō*, a, *pr.* 葛仙翁 *Katsu sen ō*, 1757
70. 肘后百一方 *Chiū kō hiyaku ichi hō*, c, *pr.* 劉自化 *Riū Ji-kuwa*, 1744
71. 注能毒 *Chiū nō doku*, c, 盍靜老 *Kō Sei-rō*, 3 v
72. 注石山醫按 *Chiū seki san i an*, e, *m.* 注機省之 *Chiū Ki Sei-shi*, 8 v, 1696
73. 知要一言 Chi yō ichi gen, e, *m.* 石坂宗哲 Ishizaka Sōtetsu, 1 v
74. 重刊本草 *Chō kan hon zō*, a, *mm.* 曹孝忠 *Sō Kō-chiū*, 24 v
75. 重刊神應經 Chō kan shin ō kiyō, c, *mm.* 和氣, 丹波 Wake *and* Tamba
76. 重計古今方集彙 Chō kei ko kon hō shiū i, d, *pr.* 甲賀 Kōga, 1 v, 1745
77. 直指方 Choku shi hō, a, *m.*

78. 長沙方歌括 *Chō sha hō ka kuwatzu, pr. in verse,* 陳念祖 *Chin Nen-so,* 3 v, 1789-1801
79. 長沙証彙 Chō sha shō i, a, 1 v
80. 長沙正經証彙 Chō sha sei kiyō shō i, c, 田中榮信 Tanaka Yeishin, 1 v, 1791
81. 長沙痘書新編 Chō sha tō shō shim pen, *sp.* a, 岸田米山 Kishida Beisan, 1 v, 1837
82. 褚氏醫言(新刻) Cho shi i gen, c, *m.* (new edition), 胡文煥 Ko Bun-kuwan, 1 v, 1683
83. 張氏醫通纂要 *Chō shi i tsū san yō, m.* 滕鳥巢 *Tō Chō-sō,* 4 v, 1776
84. 褚氏遺書 *Cho shi i sho,* a, 褚澄 *Cho Chō,* 1 v, 1823
85. 張氏醫通 *Chō shi i tsū,* a, *m.* 張路玉 *Chō Ro-giyoku,* 16 v
86. 朝野群載 Chō ya gun sai
87. 大同醫式 Dai dō i shiki, *pr.* 阿部眞貞 Abe no Masada
88. 大同類聚方 Dai dō rui shiu hō, 252, 275, 276 ad, *pr.* 安部眞貞 Abe no Masada, 100 v, 808
89. 大同類聚方異本 Dai dō rui shiu hō i hon, *pr.* 松岡經平 Matsuoka Keihei
90. 大觀證類本草 *Dai kuwan shō rui hon zō, mm.* 唐愼微 *Tō Shin-bi,* 31 v, 1769
91. 大日本醫道沿革考 Dai ni hon i dō yen kaku kō, 245 *mh.* 河内全節 Kōchi Zensetsu, 1, 1 v, 1878
92. 大日本醫道沿革小史 Dai ni hon i dō yen kaku sho shi, *mh.* 郭嘉四良 Kaku Kashirō, 1, 2 v, 1884.
93. 大生要旨 *Dai sei yō shi, ob.* 唐千頃 *Tō Sen-kei*
94. 斷毒論 Dan doku ron, d, 橋本伯壽 Hashimoto Hakujiu, 3 v, 1809
95. 田子産則全書 Den shi san soku zen sho, 358 *ob.* 沼野材章 Numano Saishō
96. 導引秘傳南抄 Dō in hi den nan shō c, *sh.* 後學一愚子 Kōgaku Ichigushi 1 v
97. 童蒙先習 Dō mō sen shiū, a, 2 v
98. 度量衡解 Do riyō kō kai, a *mwm.* 1 v
99. 道三養生書 Dō san yō jō sho, d, *hy.* 曲直瀨道三 Manase Dōsan, 1 v, 1586
100. 瑞竹堂經驗方 *Dzui chiku dō kei ken riyō hō,* † *clm.* (元) 沙圖穆蘇 *Sha-to-boku-so, (Gen dy.)*
101. 豆州諸島物産圖說 Dzu shiū sho tō bus san dzu setsu, 364 *bo.* 田村善之 Tamura Zenshi
102. 拊髀一笑 Fu hi is shō, a, 1 v
103. 婦人病論 Fu jin biyō ron, c, *wd.* 船機卓棠 Senki Takuto, 7 v, 1850
104. 婦人大全良方 *Fu jin dai zen riyō hō,* † *wd.* 陳自明 *Chin Ji-mei,* 24 v, 1237
105. 婦人方彙 Fu jin hō i, e, *pr. wd.* 下津春抱 Shimotsu Shunhō, 1 v
106. 婦人壽草 Fu jin jiu sō d, *hy.* 香月牛山 Kadzuki Giuzan 1 v, 1693

107. 婦人患病書 Fu jin kuwan biyō sho, f, *wd.* 1 v
108. 風寒熱病方緯編 Fū kan netsu biyō hō i hen, a, *f.* 宇津木昆臺 Utsuki Kontai, 7 v, 1883
109. 風寒熱病方經編 Fū kan netsu biyō hō kei hen, a, *f.* 宇津木昆臺 Utsuki Kontai, 7 v, 1883
110. 普救類方 Fu kiū rui hō, 362 c, d, *gm.* 林良適 Hayashi Riyōteki 12 v, 1729
111. 福田方 Fuku den hō, b, *pr.* 釋有隣 Shakuno Yūrin
112. 服家意敎 Fuk ka i kiyō, a, 乘山翁 Jō San ō, 1 v
113. 復古明試錄 Fuk ko mei shi roku, d, 1 v
114. 腹診秘傳 Fuku shin hi den, 325 *dg.* 高村良務 Takamura Riyōmu
115. 腹診口訣 Fuku shin kō ketsu a. *dg.* 荻野台州 Ogino Taishiū, 2 v
116. 腹診秘訣 Fuku shin hi ketsu. 325 *dg.* 多賀安貞 Taga Antei
117. 腹診書 Fuku shin sho a, *dg.* 堀井元仙 Horii Gensen, 1750
118. 腹証奇覽 Fuku shō ki ran, 325 a, *dg.* 稻葉仲克 Inaba Chiūkoku 12 v
119. 腹証奇覽翼 Fuku shō ki ran yoku, 325 *dg.* 和久田寅 Wakuta Tora
120. 楓亭証治辨疑 Fū tei shō chi ben gi, a, *dg.* 福井楓亭 Fukui Fūtei 1 v
121. 楓亭方讀辨 Fū tei hō doku ben, a, *pr.* 福井楓亭 Fukui Fūtei 2 v
122. 腹用藥帖 Fuku yō yaku chō, *mm.* 赤城愚直翁 Akagi Guchoku ō 1 v
123. 福幼編 *Fuku yō hen, dc.* 莊一夔 *Sō Ik-ki*, 1777
124. 普濟方 *Fu sai hō* e, *m.* 朱橚 *Shu Shuku*, 168 v
125. 傅名醫女科 *Fu mei i jo kuwa*, a, *wd.* 陽曲傅山青 *Fu San-sei* 1863
126. 痎瘧論疏 *Gai giyaku ron sho*, a, *md.* 函齋 *Kan Sai*
127. 痎瘧論疏 *Gai giyaku ron sho*, c, *md.* 盧之頤 *Ro Shi-i*, 1 v, 1764, *see No.* 394
128. 痎瘧疏方 *Gai giyaku sho hō*, c, *md. pr.* 盧之頤 *Ro Shi-i*
129. 學古診則 *Gak ko shin soku*, a, *dg.* 盧之頤 *Ro Shi-i*, 1770, *see No.* 394
130. 學晦堂醫話 Gak kuwai dō i wa, a, *m.* 淺田宗伯 Asada Sōhaku, 19th c
131. 眼科錦囊 Gan kuwa kin nō, c, *oph.* 本庄普一 Honjō Fuichi, 1831
132. 眼科錦囊續 Gan kuwa kin nō zoku, c, *oph.* 本庄普一 Honjō Fuichi, 1831
133. 眼科龍木論 *Gan kuwa riyō boku ron*, MS. c, *oph.* 10 v
134. 眼科審視瑤函拔萃 Gan kuwa shin shi yō-kan batsu-sui, c, *oph.* 2 v
135. 眼科新書 Gan kuwa shin sho, d, *oph.* 5 v
136. 眼科全書 *Gan kuwa zen sho*, d, *oph* 哀學淵 *Ai Gaku-yen*, 1791
137. 含章齋丸散方 Gan shō sai guwan san hō, a, *pr.* 1 v
138. 外科發揮 *Ge kuwa hak-ki*, c, *s.* 呉郡薛己 *Go-gun Shi-ki*, 8 v
139. 外科百功全書 *Ge kuwa hiyak kō zen sho*, c, *s.* 龔居中 *Kiyō Kiyo-chiū*, 6 v
140. 外科百功全書 *Ge kuwa hiyak kō zen sho*, a, *s.* (明) 龔應園 *Kiyō Ō-yen* 6 v
141. 外科方彙 Ge kuwa hō i, c, *s pr.* 桃井碩水 Momohoi Sekisui, 1 v
142. 外科上池秘錄 Ge kuwa jō chi hi roku, c, *s.* 西川湖子璉 Nishikawa Koshiren, 4 v
143. 外科十法 *Ge kuwa jip pō*, 陳括 *Chin Kuwatsu*, 1733

144. 外科細塹 Ge kuwa sai zen, 313, *s.* 鷹取秀次 Takatori Hidetsugu, 1596
145. 外科精義 *Ge kuwa sei gi, f. s.* 齊德之 *Sei Toku-shi*, 4 v
146. 外科正宗 *Ge kuwa sei shiū, s.* 陳實功 *Chin Jitsu-kō*, 12
147. 外科正宗 *Ge kuwa sei sō, f. s.* 陳若虚 *Chin Jaku-kiyo*, 4 v, 1663
148. 外科精要 *Ge kuwa sei yō, s.* 陳自明 *Chin Ji-mei*
149. 外科新明 Ge kuwa shim mei, c, *s.* 板坂 Itazaka
150. 外科新明集 Ge kuwa shim mei shiū, a, *s.* 藤原秀次 Fujiwara Hidetsugu, 2 v
151. 外科證治 *Ge kuwa shō chi, s.* 許克昌, 畢法 *Kiyo Koku-shō* and *Hitsu Hō*, 1831
152. 原病式 *Gen biyō shiki*, c, *pa.* 劉完素 *Riū Kuwan-so*, 2 v, 1690
153. 元亨療馬集附牛經大全 *Gen kō riyō ba shiū, vet.* Appendix, *Fu giū kiyō dai zen, dc.* c, 木元亨 *Boku Gen-kō*, 6 v
154. 外臺秘書 Ge tai hi sho, *s*
155. 外臺秘要 *Ge tai hi yō*, 320 *s.* 王燾 *Ō Chiū*, 19 v, *Sung dy.*
156. 外臺総錄 Getai tai sō roku, *s*
157. 宜禁本草 Gi kin hon zō, c, *mm.* 2 v
158. 銀海精微 *Gin kai sei bi*, c, *oph.* 村上寛兵衛刊行 pub. by Murakami Kuwanbi-yō-ye 5 v, 1668
159. 銀海精微 *Gin kai sei bi, oph.* 孫子邈 *Son Shi-baku*
160. 銀海誠要 Gin kai sei yō, a, *oph.* 秋山宜修 Akiyama Gishiū, 2 v
161. 牛經大全 *Giū kiyō dai zen, dc.* 喩仁, 喩傑 *Yu Jin* and *Yu Ketsu*
162. 牛乳畧考 Giū niū riyaku kō, on *Cow's milk*, 西宮宜明 Nishinomiya Senmei, 1 v, 1883
163. 牛山活套 Giū san kuwatsu tō, cd, *m,s.* 香月牛山 Kadzuki Giūzan, 3 v, 1833
164. 牛山方考 Giū san hō kō d, *m, s.* 香月牛山 Kadzuki Giūzan, 3 v
165. 玉函經金 *Giyoku kan kiyō kin, m.* 297 周楊俊 *Shiū Yō-shun*
166. 御纂醫宗金鑑 Giyo san i so kin kan *m.* 90 v, 1739
167. 御藥院方 Giyo yaku in hō, c, *pr.* 千賀芳久 Chiga Yoshihisa, 5 v, 1799
168. 呉醫彙講 *Go i i kō m.* 唐笠山 *Tō Riū-san* 1796
169. 合類醫學入門 Gō rui i gaku niū mon *m.* 八尾玄長 Yawo Genchō, 17 v
170. 合類衆方規矩 Gō rui shiū hō ki ku *m.* 前川六左衛門版 pub. by Mayegawa Rokuzayemon, 1 v
171. 五色診 *Go shiki shin*, 315 *dg.* 倉公 *Sō Kō*
172. 呉氏家傳増補脉訣大全 *Go shi ka den zō ho miyaku ketsu dai zen*, 王叔和 *Ō Shuku-kuwa*
173. 五藏論 Go zō ron *an.* 2 v, 1820
174. 軍陣備要急救摘方 Gun jin bi yō kiū kiū teki hō, *ms.* 守拙 Shiu Setsu, 2 v. 1856
175. 八十一難經 *Hachi jiū ichi nan kiyō*, 261, 274, 319 *m.*
176. 八十一難經疏証 Hachi jiū ichi nan kiyō so shō, a, *m.* 丹波元胤 Tamba Genin, 2 v

177. 八藥新論 Hachi yaku shin ron, a, *mm.* 佐藤方定 Satō Hōtei
178. 敗穀錄 Hai koku roku, a, 山田正珍 Yamada Shōchin, 1 v
179. 白牛酪考 Haku giū raku kō, *on cheese* 桃井寅 Momonoi Tora
180. 八種 *Has shiu*, 297 ‡ *mm.* 徐靈胎 *Jo Rei-tai*
181. 平易方 *Hei i hō*, c, *pr.* 葉氏慕樵 *Shō Bo-shō*, 4 v, 1804
182. 砭道錄 Hen dō roku, 356 *ac.* 垣本鍼源 Kakimoto Shingen
183. 扁鵲傳正解 *Hen jaku den sei kai*, c, *bi.* 中巠謙 *Chiū Kei-ken*, 1 v, 1809
184. 扁鵲倉公傳 Hen jaku sō kō den, a, *bi.* 1 v
185. 扁鵲心書 Hen jaku shin sho, c, *m.* 3 v, *see No.* 394
186. 扁倉傳割解 Hen sō den kak kai, b, *bi.* 安藤惟寅 Andō Iin
187. 扁倉傳割解 *Hen sō den kak kai*, c, *bi.* 源龍 *Gen Riyō*, 2 v, 1770
188. 秘傳眼科龍木論 Hi den gan kuwa riyō boku ron, a, *oph.*
189. 秘傳花鏡記聞 Hi den kuwa kiyō ki bun, b, *sy.* 寺尾顯融 Terao Kenyū
190. 脾胃論 *Hi i ron*, 304, c, *an.* 李果明之 *Ri Tō-yen*, 133, 6
191. 秘笈考証引言 Hi kiū kō shō in gen, a, 分部春塘 Wakebe Shuntō, 1 v
192. 品物識名 Hin butsu shiki mei, 255 *dict.*
193. 百一選方 Hiyaku ichi sen hō, *pr.*
194. 百品考 Hiyaku hin kō, *mm.* 小野蘭山 Ono Ranzan
195. 百味主能諺解 Hiyaku mi shiu nō gen kai, 317, *th.* 岡本一抱 Okamoto Ippō
196. 非藥選 Hi yaku sen, c, *mm.* 旭山 Kiyokusan, 3 v, 1738
197. 百疾一貫 Hiyaku shitsu ik kuwan, *pa.* 和田東郭 Wada Tōkuwaku, 2 v
198. 豹班錄 Hiyō han roku, a, *m.* 奈須恒德 Nasu Kōtoku, 1 v, 1801
199. 方義解 Hō gi kai, *pr.* 武藤直記 Mutō Chokuki
200. 方伎雜誌 Hō gi zas shi, cd, *med. jour.* 尾臺榕堂 Bitai Yōdō, 3 v, 1870
201. 庖厨正要 Hō chiū sei yō, 362 *on cookery*, 松岡玄達 Matsuoka Gentatsu
202. 方幹 Hō kan, a, *pr.* 柴田元泰 Shibata Gentai, 2 v
203. 方函口訣 Hō kan kō ketsu, a, 淺田宗伯 Asada Sōhaku, 3 v
204. 北山醫話 Hoku san i wa MS, c, *m.* 1
205. 本朝醫談 Hon cho i dan, 258, a, *mh.* 奈須恒德 Nasu Kōtoku, 2
206. 本朝醫考 Hon chō i kō, c, e, d, *mh.* 黑川道祐 Kurokawa Dōyū, 1
207. 本朝食鑑 Hon chō shoku kan, b, *on foods* 野必大 Ya Hitsudai, 1697
208. 本道醫療近畧 a, *m.* Hon dō i riyō kin riyaku, 1, 1801-4
209. 本事方 *Hon ji hō*, 許叔微 a, *m.* *Kiyo Shiku-bi*, 4, 1185
210. 本經逢原 *Hon kiyō hō gen*, a, *m.* 張路玉 *Chō Ro-giyoku*, 4
211. 本邦老醫經驗傳 Hon pō rō i kei ken den a, *clm*
212. 本草 Hon zō, 278, 281, 293, 297, 362 *mm.*
213. 本草拔萃 Hon zō bas sui, f, *mm.* 水谷助六 Midzutani Sukeroku, 5
214. 本草拔萃, Hon zō bas sui f, *mm.* 大窪太兵衞 Ōkubo Tahiyōye, 5
215. 本草拔萃, Hon zō bas sui f, *mm.* 宇田川榕菴 Udagawa Yōan, 1
216. 本草備要 *Hon zō bi yō*, *mm.* 汪昂 *Wō Kō*, 1694
217. 本草圖譜 Hon zō dzu fu, b, *bo.* 岩崎常正 Iwasaki Tsunemasa 1830

218. 本草圖翼 Hon zō dzu yoku, 362, *bo.* 稲生宣義 Inao Nobuyoshi
219. 本草原始 *Hon zō gen shi*, f, *bo.* 雷公炮 *Rai Kō-hō*, 5 v, 1698
220. 本草玉石部 Hon zō giyoku seki bu, *minerals* 喜多村寛 Kitamura Kuwan
221. 本草彙言 *Hon zō i gen*, f, *bo.* 倪朱謨 *Tas Shiu-bo*, of the Ming, 6 v
222. 本草彙言摘要 Hon zō i gen teki yō, 362, *mm.* 松岡玄達 Matsuoka Gentatsu
223. 本草一家言 Hon zō ik ka gen, 362 *mm.* Matsuoka Gentatsu
224. 本草乘雅半偈 *Hon zō jō ga han ketsu*, i, *mm.* 盧之頤 *Ro Shi-i*, 10 v
225. 本草經讀 *Hon zō kei doku*, *mm.* 陳念祖 *Chin Nen-so*
226. 本草啓蒙 Hon zō kei mō, 255, 363, *bo.* 小野職博 Ono Motohiro
227. 本草紀聞 Hon zō ki bun, a, *bo.* 喜多村寛 Kitamura Kuwan 2 v
228. 本草經解要 *Hon zō kiyō kai yō mm.* 葉天士 *Shō Ten-shi*, 1724
229. 本草考彙 Hon zō kō i, b, *mm.* 藁科玄隆 Warashina Genriū, 23 v
230. 本草綱目 *Hon zō kō moku*, bf, † 273, 362 *mm.* 李時珍 *Ri Ji-chin*, 52 v, 1596
231. 本草綱目 *Hon zō kō moku*, 362 a, *mm.* 36 v
232. 本草綱目啓蒙 Hon zō kō moku kei mō, bf, *mm.* 小野蘭山 Ono Ranzan, 1847
233. 本草序例註 *Hon zō jo rei chiū*, d, *mm.* 7 v, 1468, Jap. Ed. pub. by 西田 Nishida
234. 本草寫眞 Hon zō sha shin, f, *bo.* 水谷助六 Midzutani Sukeroku, 2 v
235. 本草寫眞 Hon zō sha shin, f, *bo.* 宇田川榕菴 Udagawa Yōan, 1 v
236. 本草寫眞 Hon zō sha shin, f, *bo.* 桂川甫賢 Katsuragawa Hoken, 1 v,
237. 本草崇原, *Hon zō shiū gen*, c, *mm.* 張志聰 *Chō Shi-sō, see No.* 397
238. 本草從新 *Hon zō shō shin*, a, 呉儀洛 *Go Gi-raku*, 1757
239. 本草宗原 *Hon zō sō gen*, ac, *mm.* 高世拭 *Kō Sei-shiki*, 1 v
240. 本草通串 Hon zō tsū kuwan, f, *mm.* 前田利保 Mayeda Toshiyasu
241. 本草和名 Hon zō wa miyō, a, 278, 283, 361, *mm.* 深江輔仁 Fukaye Hojin, 1 v, 1798
242. 本草滙 *Hon zō wai*, f, *bo.* 郭佩蘭 *Kuwaku Hai-ran*, 18 v, 1666
243. 本草和解 Hon zō wa kai, f, *bo.* 大江頤軒 Ōye Iken, 2 v, 1712
244. 本草藥名備考和訓鈔 Hon zō yaku mei bi kō wa kun shō, b, *mm.* 丹波頼理 Tamba Yorimasa, 7 v, 1807
245. 芳翁醫談 Hō ō i dan, a, *m.* 愼獨軒老人 Shindokuken Rōjin, 2 v
246. 保産萬全書 *Ho san ban zen sho*, a, *ob.* 陳治道 *Chin Chi-dō*
247. 保産機要 Ho san ki yō, a, *ob.* 1 v, 1693
248. 補正新刻延壽類集 Ho sei shin koku yen jiu rui shiū, d, *hg.* 2 v
249. 補正輯光傷寒抄 Ho sei shiū kō shō kan shō, *f.* d, 2 v
250. 保生醉事 *Ho sei sui ji*, c, *hy.* 淇右子 *Ki Yū-shi*, 1 v
251. 保赤全書 *Ho seki zen sho*, c, *cd.* 呉文炳 *Go Bun-hei*, 2
252. 絳雪園古方選註三巻附得宜本草一巻 *Hō setsu yen ko hō sen chiū*, 3 v, appended *Toku gi hon zō*, i, 王子接 *Ō Shi-setsu* 1 v
253. 保齒新論 Ho shi shin ron, c, *den.* 高山紀齋 Takayama Kisai, 2 v, 1881
254. 捧心方 Hō shin hō, d, *pr.* 中川公 Nakagawa Kō, 1 v, 1451

255. 保嬰須知 Ho yei su chi, c, *cd.* 片倉鶴陵 Katakura Kuwakuriyō, 2 v, 1848
256. 方輿紀聞 Hō yo ki bun, a, *pr.* 和田東郭 Wada Tōkuwaku, 5 v
257. 醫案輯語便要 I an shiū go ben yō, c, *dict..* 江馬元齡 Yema Genrei, 1 v, 1877
258. 醫辨救急十九方 I ben kiū kiū jiū ku hō, 永田德本 Nagata Tokuhon
259. いちしの花 I chi shi no hana, 三和鷄麿 Miwa Torimaro
260. 醫斷 I dan, 323, c, *see ref.* 鶴元逸 Tsuru Genitsu, *compiler*, 1 v, 1759. Written by Yoshimasu Tamenori.
261. 醫道日用綱目 I dō nichi yō kō moku, bd, *pm.* 本鄉正豐 Hongō Masatoyo, 1 v, 1873
262. 醫道二千年眼科目編 I dō ni sen nen gan kuwa moku hen, c, *oph.* 村井杶 Murai Chin, 13, 1812
263. 醫道二千年眼科目評 I dō ni sen nen gan kuwa moku hiyō, *oph.* 岩田廣彦 Iwata Kōgen
264. 醫學辨害 I gaku ben gai, c, *sm.* 宇治田雲菴 Ujita Unan, 12 v, 1683
265. 醫學知環 I gaku chi kuwan, a, *sm.* 淺田宗伯 Asada Sōhaku
266. 醫學知津 I gaku chi shin, c, *sm.* 宮田全澤 Miyada Zentaku, 1744
267. 醫學童子抄 I gaku dō shi shō, 古林見宜 Kobayashi Kengi
268. 醫學元戎 *I gaku gen jiū*, c, *sm.* 王好古 *Ō Kō-ko*, 12 v, 1562
269. 醫學源流論 *I gaku gen riū ron*, ci, *sm.* 徐靈胎 *Jo Rei-tai*, 1 v, 1757, 1852
270. 醫學原始 *I gaku gen shi*, a, *sm.* 王宏翰 *Ō Kō-kan*, 1 v, 1688
271. 醫學發明論 *I gaku hatsu mei ron*, c, *sm.* 東垣 *Tō-yen*, 2 v, 1734
272. 醫學彙纂指南 *I gaku i san shi nan*, i, 端木縉 *Tan Boku-shin*, 8 v
273. 醫學實在易 *I gaku jitsu zai i*, a, *sm.* 陳念祖 *Chin Nen-so*, 4 v
274. 醫學求眞錄總論 *I gaku kiū shin roku sō ron*, *sm.* i, 黃宮繡 *Kō Kiū-shiū*, 5 v
275. 醫學講談發端辨 I gaku kō dan hat tan ben, c, *sm.* 岡本一抱 Okamoto Ippō, 2 v, 1700
276. 醫學綱目 *I gaku kō moku*, c, *sm.* 履齊曹灼 *Ri Sei Sō-shaku*, 40 v, 1565
277. 醫學管見 *I gaku kuwan ken*, i, *sm.* 何塘 *Ka Tō*, 1
278. 醫學蒙求 I gaku mō giū, d, *sm.* 伊東見龍 Itō Kenriyo, 2 v
279. 醫學入門 *I gaku niū mon*, c, *sm.* 李挺 *Ri Tei*, 7 v, 1575
280. 醫學入門假名抄 I gaku niū mon ka na shō, *sm.* 古林見宜 Kobayashi Kengi
281. 醫學六要 *I gaku riku yō*, c, *sm.* 張三錫 *Chō San-seki*, 40 v
282. 醫學三字經 *I gaku san ji kiyō*, a, *sm.* 陳念祖 *Chin Nen-so*, 2 v
283. 醫學三藏辨解 I gaku san zō ben kai, *sm.* 岡本一抱 Okamoto Ippō
284. 醫學正傳 *I gaku sei den*, c, *sm.* 虞摶 *Gu Haku*, 8 v, 1515, 1659
285. 醫學正傳或問諺解 I gaku sei den waku mon gen kai, *sm.* 岡本一抱 Okamoto Ippō
286. 醫學正印 *I gaku sei in*, *MS. copy.* c, *sm.* 岳心還 *Gaku Shin-yoku*, 5 v, 1636
287. 醫學切要指南 I gaku setsu yō shi nan, *sm.* 岡本一抱 Okamoto Ippō
288. 醫學眞傳 *I gaku shin den* c, *sm.* 高世拭 *Kō Sei-shiki* 1 v, 1699, see 397

289. 醫學心悟 *I gaku shin go* † a, *sm.* 程鐘齡 *Tei Shō-rei*, 1723
290. 醫學診脈 *I gaku shin miyaku* †, *sm*
291. 醫學心法 I gaku shin hō, a, *sm.* 高鼓峯 *Kō Ko-hō*, 1 v, 1723-36
292. 醫學新書 I gaku shin sho a, *sm.* 喜多村直寛 Kitamura Chokukuwan
293. 醫學從聚 *I gaku shō shiu*, a, *sm.* 陳念祖 *Chin Nen-so*, 4 v
294. 醫學至要抄 I gaku shi yō shō c, *sm.* 林九兵衛版 Published by Hayashi Kuhiyōye, 2 v, 1699
295. 醫學的要方 I gaku teki yō hō 秦壽命院 Hada Jiumiyōin
296. 醫學典刑 I gaku ten kei a, *sm.* 淺田宗伯 Asada Sōhaku, 5 v, 19c
297. 醫學天正記 I gaku ten shō ki, ac, *mh.* 曲直瀨道三 Manase Dōsan, 2 v, 1607
298. 醫學天則 I gaku ten soku, ac, *sm.* 平田用和 Hirata Yōkuwa, 1 v, 1769
299. 醫學統旨 *I gaku tō shi*, *sm.* *, 葉文齡 *Shō Bun-rei*, 1534
300. 醫學讀書記 *I gaku toku sho ki*, a, *sm.* 尤怡 *Yū I*, 2 v, 1739, 1850
301. 醫眼論 *I gan ron*, a, *oph.* 顧禺巨 *Ko Tei-kiyo*, 1 v, 1540
302. 醫囈 I gei, a, *talks on medicine*, 1 v
303. 醫言靈 I gen rei, 脇田厚齋 Wakida Kōsai, 1804-17
304. 醫語類編 I go rui hen, c, *dict.* 戶塚巻藏 Totsuka Kuwanzō, 1 v, 1878
305. 醫範 I han, 吉益南涯 Yoshimasu Nangai
306. 醫範提綱 I han tei kō, 330, 337, *m.* 宇田川玄眞 Udagawa Genshin
307. 醫碥 *I hen* MS. c, *m.* 多瑤報 *Ta Yō-hō*, 67 v, 6 v *lost*, 1751
308. 醫方分量考 I hō bun riyō kō, 吉益東洞 Yoshimasu Tōdō
309. 醫方一家言 I hō ik ka gen, c, *pr.* 平田玄忠 Hirata Genchiū 1 v
310. 醫方一家言 *I hō ik ka gen*, a, *pr.* 松信古 *Shō Shin-ko*, 1 v
311. 醫方挈領 I hō kei riyō, b, *pr.* 丹波元簡 Tamba Genkan
312. 醫方紀聞 I hō ki bun, a, *pr.* 喜多村寛 Kitamura Kuwan, 1 v
313. 醫方紀原 I hō ki gen, c, *pr.* 甲賀通玄 Kōga Tsūgen, 3 v, 1736
314. 醫方口訣集 I hō kō ketsu shiū, a, *pr.* 百鳩巢 Hiyaku Kiūsō, 1 v
315. 醫方口訣集 I hō kō ketsu shiū, *pr.* 長澤道壽 Nagasawa Dōjiu
316. 醫方口訣集 I hō kō ketsu shiū, c, *pr.* 中山三柳 Nakayama Sanriū, 3 v, 1672
317. 醫方明鑑 I hō mei kan, 曲直瀨正紹 Manase Shōshō
318. 醫方類聚 *I hō rui shiu*, ac, *pr.* 梁誠之 *Riyō Sei-shi*, 88 v, 1852
319. 醫方撮要 I hō sai yō, a, *pr.* 喜多村 Kitamura, 2 v
320. 醫方正傳 I hō sei den, *pr.* 花井有年 Hanai Yūnen
321. 醫方成範(寫本) I hō sei han, *MS. copy.* c, *pr.* 宇田川 Udagawa, 1 v
322. 醫方選集秘傳抄 I hō sen shiū hi den shiyō, d, *pr.* 1 v, 1636
323. 醫方撰要 *I hō sen yō*, i, 周文采 *Shiū Bun-sai*, 10
324. 醫方集解 *I hō shiū kai*, † c, *pr.* 汪訒菴 (汪昂) *Chiū-te-nan*, (*Wō Kō*) 6 v, 1682
325. 醫方小乘 I hō shō jo, a, *pr.* 1 v
326. 醫方捷徑 I hō shō kei, *pr.* 山脇道作 Yamawaki Dōsaku

327. 醫方大成 I hō tai sei, c, *pr.*
328. 醫方大成論 I hō tai sei ron, c, *pr.* 宗文堂新刋 *New Ed. pub. by* Sōbundō, 5 v, 1721
329. 醫方大成論和語 I hō tai sei ron wa go, 317, c, *pr.* 岡本一抱 Okamoto Ippō, 8 v, 1602
330. 醫方摘要 I hō teki yō, b, *pr.* 名古屋玄醫 Nagoya Geni
331. 醫事談 I ji dan, a, *m.* 田必大信 Denhitsu Daishin, 1 v, 1779
332. 醫事經源 I ji kei gen, c, *m.* 今村了庵 Imamura Riyōan, 1 v, 1862
333. 醫事古言 I ji ko gen, c, *m.* 源信綱 Minamoto no Nobutsuna, 1 v, 1865
334. 醫事問答 I ji mon dō, a, *m.* 1865
335. 醫事說約(寫本) I ji setsu yaku, *MS. copy.* c, *m.* 1 v
336. 醫事惑問 I ji waku mon, ac, *m.* 吉益爲則 Yoshimasu Tamenori, 2 v, 1811
337. 醫字名數 I ji mei sū, d, *dict.* 草野益 Kusano Yeki, 2 v, 1716-35
338. 醫字千字文 I ji sen ji mon, d, *dict. MS. copy* 惟宗時俊 Koremune Tokitoshi, orig. 1293, copy 1816, 1 v
339. 醫授眼科 I jiu gan kuwa, a, *oph.* 1 v
340. 醫術列傳 I jutsu retsu den, a, *mh.*
341. 醫家必携 I ka hik kei, c, *vade mecum*, 堀川淳 Horikawa Jun, 3 v, 1857
342. 醫家名數 I ka mei sū, a, *diet.* 草野益 Kusano Yeki, 2 v
343. 醫戒 I kai, d, *m.* 杉田成卿 Sugita Seikei
244. 醫閲 *I kai*, i, 王世相 *Ō Sei-shō*, 7
345. 醫海蠡測 I kai rei soku, a, 鈴木素行 Sudzuki Sokō, 8 v
346. 噎膈反胃論 I kaku han i ron, a, *cancer* 中川壺山 Nakagawa Kozan, 1 v
347. 醫家古籍考 I ka ko seki kō, a, *bib.* 1 v
348. 易簡方論 *I kan hō ron*, ac, *w.* (宗) 王碩 *Giyoku-seki*, of the Sung, 3 v
349. 醫家心法 *I ka shin hō*, c, *mr.* 高鼓峰 *Kō Ko-hō*, 1 v, 1725, *see* No. 397
350. 醫級方鑑 *I kiū hō kan*, c, *mr.* 董生園魏如 *Tō-sei-yen Gi-Jo*, 13 v, 1820
351. 醫噱 I kiyo, a, 喜多村直寛 Kitamura Chokukuwan, 7 v
352. 醫經句測 *I kiyō kō soku*, c, *mr.* 朱元度 *Shiu Gen-do*, 2 v, 1670
253. 醫經觧惑論 I kiyō kai waku ron, a, *mc.* 小島瑞伯玉鳥海寛玄同校 Edited by Koshima Dzuihakugiyoku and Torimi Kuwangen, 3 v, 1776
354. 醫經名數 I kiyō mei sū, a, *dict.* 堀光原 Hori Kōgen
355. 醫教指南素難要 *I kiyō shi nan so nan yō*, c, *mc.* 外山竹陰道機 *Guwaisan Chikuin Dōki*, 4 v, 1691
356. 醫經溯洄集 *I kiyō so kuwai shiū*, i, *mr.* 王履 *Ō Ri* 1 v
357. 醫經溯洄集和語鈔 I kiyō so kuwai shiū wa go shō, c, *mc.* 岡本一抱 Okamoto Ippō, 10 v, 1728
358. 醫彀 *I koku*, MS. c, 程式 *Tei Shiki*, 7 v, 1615
359. 醫綱提要 *I kō tei yō*, † *m.* 李宗源 *Ri Sō-gen*, 8 v, 1831
360. 醫貫 *I kuwan*, ‡ 298, 299 趙養葵 *Chō Yō-ki*
361. 醫官玄稿 I kuwan gen kō, 324 cd, *pr. pa.* 三英鹿門 Sanyei Rokumon 3 v, 1753

362. 醫貫砭 *I kuwan hen*, i, 徐靈胎 *Jo Rei-tai*, 2
363. 醫官制度考 I kuwan sei do kō, a, *med. ethics*, 加島近信 Kashima Chikanobu, 2 v
364. 育嬰窺班 Iku yei ki han, a, *hy.* 岡玆了允 Okashige Riyōin 1 v, 1822
365. 異名記 I miyō ki, 曲直瀨正紹 Manase Shōshō
366. 醫門捧喝 *I mon hō katsu*, 297 ‡, *m*, 章虛谷 *Shō Kiyo-koku*
367. 醫門法律 *I mon hō ritsu* i, *med. jurisprudence*, 喻昌 *Yu Shō*, 6 v
368. 醫門闚觀 I mon ki kuwan, ac, *m.* 岡關臺 Oka Kuwantai, 1825
369. 飲病論 In biyō ron, a, *hydrothorax*, 石崎朴菴 Ishizaki Bokuan, 1 v, 1754
370. 因考錄 In kō roku, a, 南溟翁 Nanmeiō, 2 v
371. 井上眼療 I no uye gan riyō, c, *oph.* 井上達也 Inouye Tatsuya, 1 v, 1878
372. 引痘畧 In tō riyaku, MS. c, *sp.* 1 v
373. 陰陽外變 *In yō guwai hen*, 315 *pa.* 倉公 *Sō Kō*
374. 一本堂醫事說約 Ip pon dō i ji setsu yaku, a, *pa.* 香川 Kagawa, 2 v, 1744
375. 一本堂行餘醫言 Ip pon dō kō yo i gen, c, *pa.* 香川脩德 Kagawa Shiūtoku 15 v
376. 一本堂藥選 Ip pon dō yaku sen, d, *mm.* 香川修德 Kagawa Shiūtoku, 4 v, 1719
377. 醫壘元戎 *I rai gen jiū*, † ai, *m*, 王好古 *Ō Kō-ko*, 12 v, 1241
378. 醫畧抄 I riyaku shiyō, 277 ad, 丹波雅忠 Tamba Masatada, 1 v, 1081
379. 醫療歌配劑 I riyō ka hai zai, *pr. in verse*, 古林見宜 Kobayashi Kengi
380. 醫療指南 I riyō shi nan, 317, *m.* 岡本一抱 Okamoto Ippō
381. 醫療新書 I riyō shin sho, c, *m.* 坪井芳艸 Tsuboi Hōsō, 2 v, 1866
382. 醫療襍談 I riyō shiū dan, a, *m.* 1 v
383. 醫療集癉 I riyō shiū tan, a, *m.* 1 v
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386. 醫籍考 I seki kō, a, *bib.*
387. 醫籍年表 I seki nen piyō, *bib.* 多喜櫟窓 Taki Rekisō, 1 v
388. 醫說 *I setsu*, ci, *m.* 張杲 *Chō Kuwa*, 1000, 1224, 1659
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390. 醫史緒餘 I shi cho yo, i, 孫一奎 Son Ikkei, 2 v
391. 醫津筏 *I shin batsu*, i, 江之蘭 *Kō Shi-ran*, 1 v
392. 醫心方 I shin hō, 277, 282 b d c* *am.* 丹波康賴 Tamba Yasuyori, 30 v, 984[1]
393. 醫宗珍秘 I sō chin hi, *pm.*

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[1] Date of *first* publication. The rule followed by the compiler in reference to the dates assigned to the works in this list, has been, to give the date mentioned in the copy or catalogue from which the title of the work has been obtained. When copies of the same work mentioned in two or more catalogues, bear different dates of publication, both of these dates are given in the list. When, however, *no date* is mentioned, as is often the case in MS. copies of very old works, the date of *first* publication, if known, is given. This date may also be approximately ascertained by reference to the list of authors appended.

394. 醫宗仲景考 I sō chiū kei kō, d, *m.* 平篤胤 Taira no Atsutane, 3 v
395. 醫宗必讀 *I sō hitsu doku*, a, *mp.* 李中梓 *Ri Chiū-shi*, 5 v, 1637
396. 醫書大全 *I sho dai zen*, 熊宗立 *Yū Sō-ritsu*, 1446
397. 醫書十二種 *I sho jiū ni sho*, a, *cr.* 玉琢崖 *Giyoku Taku-gai*, 19 v, 1710

Contains the 12 following works:

醫學眞傳 *I gaku shin den*
質疑錄 *Shitsu gi roku*
醫家心法 *I ka shin hō*
易氏醫按 *Yeki shi i an*
芷園臆草存案 *Shi yen oku sō son an*
傷寒金鏡錄 *Shō kan kin kiyō roku*
痎瘧論疏 *Gai giyaku ron sho*
達生編 *Tas sei hen*
扁鵲心書 *Hen jaku shin sho*, by 竇材 *Tō Sai*
本草崇原 *Hon zō shiū gen*, by 張志聰 *Chō Shi-sō*
侶山堂類辨 *Riyo san dō rui ben*
學古診則 *Gak ko shin soku*

398. 醫宗金鑑 *I sō kin kan*, 297, ac, *m.* 乾隆中勅纂 By the Order of the Emperor of China, 64 v, 1739
399. 醫則 I soku, *mr.* 岩田廣彦 Iwata Kōgen, 1804-17
400. 醫則 I soku, a, *m.* 山脇東洋 Yamawaki Tōyō, 1 v
401. 醫則發揮 I soku hak ki, c, *mr.* 河津省菴 Kawadzu Seian
402. 醫燈配劑 I tō hai zai, 曲直瀨正慶 Manase Shōkei
403. 醫通 *I tsū*, c, *m.* 張路玉 *Chō Ro-giyoku*, 48 v, 1695.
404. 一夕醫話 Is seki i wa, c, *pm.* 無適菴 Mutekian, 3 v, 1865
405. 聿脩堂目錄 Is shiū dō moku roku, a, *bib.* 2 v
406. 一草亭目科全書 *Is sō tei mok kuwa zen sho*, a, *oph.* 鄧苑 *To Yen*
407. 醫賸 I yō, acd, 櫟蔭拙者 Rekiin Sessha, 3 v, 1809
408. 醫餘 I yo, ab, 尾臺逸 Bitai Itsu, 3 v, 1863
409. 醫藏書目 *I zō sho moku*, a, *bib.* 殷仲春 *In Chiū-shun*, 1 v
410. 時方歌括 *Ji hō ka kuwatsu*, *pr. in verse*, a, 陳念祖 *Chin Nen-so*, 2 v
411. 時方妙用 *Ji hō miyō yō*, a, *pr.* 陳念祖 *Chin Nen-so*, 3 v
412. 十訓抄 Jik kun shō
413. 人事源 Jin ji gen, c, 服部宜 Hattori Gi, 2 v, 1827
414. 人面瘡圖說 Jin men sō dzu setsu, f, 桂川甫賢 Katsuragawa Hoken
415. 腎囊醫訣 Jin nō i ketsu, *ulcers, d. of urogenital organs*, 同安寄傲軒校刊 pub. by Dō an ki gō ken, a, 3 v, 1874
416. 仁齋直指 *Jin sai choku shi*, i, 楊士瀛 *Yo Shi-yei*, 26 v
417. 仁端錄 *Jin tan roku*, i, *an. sp.* 徐謙 *Jo Ken*, 16 v
418. 痔漏口訣 Ji rō kō ketsu, a, *d. of anus*
419. 十五指南 Jiū go shi nan, 曲直瀨正紹 Manase Shōshō
420. 儒門事親 *Jiu mon ji shin*, * c, 張子和 *Chō Shi-kuwa*, 5 v, 1541

421. 十八種 *Jiū has shiu*, ‡ 297 陳秀園 *Chin Shiū-yen*

422. 壽世編 *Jiu sei hen*, † *ob.* 1772

423. 壽世保元 *Jiu sei ho gen*, * a, *hy.* 龔廷賢 *Kiyō Tei-ken*, 1 v

424. 壽親養老新書 *Jiu shin yō rō shin sho*, i, *accidents of old age, hy etc.*, 陳直, 泰甯 *Chin Choku* and *Tai Nei*

425. 銃創瑣言 Jiū sō sa gen, d, *w.* 大槻俊齋 Ōtsuki Shunsai, 1 v, 1854

426. 十四經 Jiū shi kiyō, 354 *ac.* 1 v

427. 十四經早合点 Jiū shi kiyō haya ga ten, c, *ac.* 菊池玄藏 Kikuchi Genzō, 1 v, 1753

428. 十四經絡發揮 *Jiū shi kiyō raku hak ki*, c, *ac.* 湯斯顯 *Tō Shi-ken*, 1 v, 1665

429. 十四經絡喩穴辨解 Jiū shi kiyō raku yu ketsu ben kai, *ac.* 寺尾隆純 Terao Riūjun

430. 十四經發揮 *Jiū shi kiyō hak ki*, 滑壽 *Katsu Jiu*, 1 v, 1659

431. 十四經和語鈔 Jiū shi kiyō wa go shō c, *ac.* 岡本一抱 Okamoto Ippō 4 v, 1684

432. 十四經全圖 Jiū shi kiyō zen dzu, c, *ac.* 大橋弘道 Ōhashi Kōdō, 1812

433. 慈幼筏 *Ji yō batsu*, a, *hygiene for children*, 程雲鵬 *Tei Un-hō*, 4 v

434. 上池秘錄 Jō chi hi roku, c, *wd.* 西川湖子璉 Nishikawa Koshiren, 7 v, 1810

435. 如宜方 *Jo gi hō*, i, *ther*, 艾元英 *Kai Gen-yei*, 2 v

436. 女科經論 *Jo kuwa kei ron*, † i, *wd.* 蕭壎 *Shō Ken*, 8 v, 1684

437. 女科要旨 *Jo kuwa yō shi*, a, *wd.* 陳念祖 *Chin Nen-so*, 2 v

438. 女科隨箚 Jo kuwa dzui tō, a, *wd.* 2 v

439. 徐靈光生傳 Jo Rei sen sei den, *biographly of Jo Rei*, 1 v

440. 常山方 Jō san hō, 曲直瀨正紹 Manase Shōshō

441. 賀川有齋産論口訣術解 Ka gawa yūsai san ron kō ketsu jutsu kai, a, *ob.* 1 v

442. 貝原養生訓 Kai bara yō jō kun, d, *hy.* 貝原篤信 Kaibara Tokushin, 4 v

443. 解馬新書 Kai ba shin sho, d, *anatomy of the horse*, 菊池東水 Kikuchi Tōsui, 2 v, 1852

444. 艾灸通說 Kai kiū tsū setsu, a, *cm.* 後藤椿菴 Gotō Chinan, 1 v, 1809

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446. 觧体圖譜 Kai tai dzu fu, *an.*

447. 解体發蒙 Kai tai hatsu mō, d, *an.* 4 v

448. 解体新書 Kai tai shin sho, 330, *an.* 杉田玄伯 Sugita Gempaku, 4 v

449. 解臟圖譜 Kai zō dzu fu, 329, *an.* 小森遠雄 Komori Tōwo

450. 解臟圖賦 Kai zō dzu fu, *an.* 池田義之 Ikeda Yoshiyuki, 1 v, 1821

451. 河間六書 *Ka kan riku sho*, i, 吳勉學 *Go Ben-gaku*, 27 v

452. 脚氣病新說 Kak-ke biyō shin setsu, c, *Kakke*, 渡邊嵎 Watanabe Kanaye, 1 v, 1881

453. 脚氣治法總要 *Kak ke chi hō sō yō*, i, *Kakke*, 董汲 *Tō Kiū* of the Sung, 2 v

454. 脚氣發明論 Kak ke hatsu mei ron, c, *k.* 江馬春熙 Yema Shunki, 1 v, 1878

455. 脚氣方論 Kak ke hō ron, c, *k.* 3 v, 1748

456. 革谿醫砭 Kak kei i hen a, *ac.* 平野重誠 Hirano Chōki, 1 v, 1854
457. 脚氣鉤要 Kak ke kō yō, bc, *k.* 今村亮 Imamura Riyō, 2 v, 1861
458. 脚氣新論 Kak ke shin ron, c, *k.* 今村了菴 Imamura Riyōan, 1 v, 1878
459. 脚氣私說 Kak ke shi setsu, a, *k.* 難波玄愿 Naniwa Gengen, 1 v, 1877
450. 脚氣提要 Kak ke tei yō, a, *k.* 1 v
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462. 格致餘論鈔 *Kaku chi yo ron shō*, c, *med. disc.* 宗太史濂註 Notes by *Ren* the Official Historian, *Sung dy.* 5 v
463. 假名安驥集 Ka na an ki shiū, c, *vet. in kana.* 道泒叟 Dō Ha sō, 6 v
464. 假名雲林神彀 Ka na un rin shin koku, 古林見宜 Kobayashi Kengi
465. 兼康口中秘傳 Kane yasu kō chiū hi den, da, *dm* by Kaneyasu, 2 v
466. 簡易方論 *Kan i hō ron*, 黎民壽 *Rei Min-jiu*, 1260
467. 簡易傷寒論 Kan i shō kan ron, c, *f.* 北條若齋 Hōjō Jakusai, 1 v, 1803
468. 簡明醫彀 *Kan mei i koku*, MS. ci, *mr.* 孫志宏 *Son Shi-kō*, 4 v
469. 甘蔗製造傳 Kan sha sei zō den, 363 *on the manufacture of sugar*, 田村登 Tamura Nobōrū
470. 韓氏醫通 *Kan shi i tsū*, a, *m.* 程永培 *Tei Yei-bai*, 1 v, 1736-96
471. 寒葱唅囓 Kan sō gan gei, a, 2 v
472. 漢洋病名對照錄 Kan yō biyō mei tai shō roku, 286, 283, *med. dict. Chinese, Japanese and Latin*, 落合泰藏 Ochiai Taizō 1 v, 1882
473. 歌傷寒雜病論俗解 Ka shō kan zatsu biyō ron zoku kai, c, *f.* 革谿道人 Kakkei Dōjin, 3 v, 1852
474. 桂川醫談 Katsura gawa i dan a, *Medical Talks by Katsuragawa*, 1 v
475. 家藏秘卷 Ka zō hi kuwan, a, 1780
476. 家藏秘要 Ka zō hi yō, a, 1 v
477. 家藏經驗方 Ka zō kei ken hō, a, *pm.* 後藤艮山 Gotō Konzan, 1 v
478. 景岳幼科良方 *Kei gaku yō kuwa riyō hō*, c, *cd.* 張介賓 *Chō Kai-hin*, 1 v, 1728
479. 景岳新方砭 *Kei gaku shin hō hen*, a, *ac.* 張景岳 *Chō Kei-gaku*, 2 v
480. 景岳全書 *Kei gaku zen sho*, bc, i, *m. p. cf. wd. cd. sm pox. s. mm.* 張介賓 *Chō Kai-hin*, 32 v, 1768
481. 經方辨 Kei hō ben, a, *pr.* 山田業廣 Yamada Narihiro, 1 v, 1829
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483. 警醫記事 Kei i ki ji, a, *med. jurisprudence*, 淺田宗伯 Asada Sōhaku 1 v
484. 經驗筆記 Kei ken hik ki, a, *cl. notes* 田村玄仙 Tamura Gensen, 4 v
485. 經驗禁方錄 Kei ken kin hō roku, a, 能條玄長 Nōjō Genchō, 1 v, 1813
486. 經驗廣集 *Kei ken kō shiū*, *pr.* † 李文炳 *Ri Bun-hei*, 1754
487. 經驗廣集良方 *Kei ken kō shiū riyō hō*, c, *pr.* 李煥章 *Ri Kuwan-shō*, 1822
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492. 經穴秘授 Kei ketsu hi jiu, c, *cm.* 鹿嶋忠敬 Kashima Chiūkei, 1 v, 1801
493. 經穴彙解 Kei ketsu i kai, cd, *cm.* 原南陽 Hara Nanyō, 8 v, 1703
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495. 經穴纂要 Kei ketsu san yō, c, *cm.* 小坂玄祐 Kozaka Genyū, 5 v, 1810
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499. 啓蒙養生訓 Kei mō yō jō kun, a, *el. hy.*
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503. 驗方新論 *Ken hō shin ron*, a, 鮑相璈 *Hō Shō-gō*, 8 v, 1864
504. 見表醫事 Ken hiyō i ji, a, *m.* 桃井安貞 Momonoi Antei, 1 v
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508. 驗証百問 Ken shō hiyaku mon, a, *sym.* 淺田宗伯 Asada Sōhaku, 1 v
509. 驗証再問 Ken shō sai mon, a, *sym.* 淺田宗伯 Asada Sōhaku, 2 v
510. 建珠錄幷續篇 Ken shiu roku, with sup. a, 吉益東洞幷南涯 Yoshimasu Tōdō and Nangai, 1812, 1825
511. 軒轅黄帝傳 Ken yen kō tei den, a, *bi.*
512. 鴂舌或問 Ketsu zetsu waku mon, a, 1 v
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516. 氣血水藥徵 Ki ketsu sui yaku chō, *th.* 吉益南涯 Yoshimasu Nangai
517. 奇經八脈考 *Ki kiyō hachi miyaku kō*, i, 李時珍 *Ri Ji-chin*, 1 v
518. 奇恒 *Ki kō*, 315 *p.* 倉公 *Sō Kō*
519. 奇効醫述 *Ki kō i jutsu*, c, *th.* 聶尚恒 *Chō Shō-kō*, 1 v, 1616, 1661
520. 奇魂 Ki kon, c, *mh.* 佐藤方定 Satō Hōtei, 1831, 1839
521. 奇効良方大全 *Ki kō riyō hō dai zen*, e, *pr.* 楊文翰 rev. by *Yō Bun-kan*, 14 v
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523. 己任論 *Ki nin ron*, a, *m.* 高彭峯 *Kō Ko-hō*, 4 v
524. 金鷄醫談 Kin kei i dan, ac, 畑道雲 Hata Dōun, 1 v, 1789-1801
525. 金匱 *Kin ki*, 296, 297, ‡ *mt.* 張仲景 *Chō Chiū-kei*
526. 金匱玉函經 *Kin ki giyoku kan kiyō*, c, *mt.* 張仲景 *Chō Chiū-kei*, 4 v
527. 金匱玉函要畧論註 *Kin ki giyoku kan yō riyaku ron chiū*, c, *mt.* 張仲景 *Chō Chiū-kei*, with Dissertations, 2 v,

528. 金匱玉函要畧輯義 *Kin ki giyoku kan yō riyaku shiū gi*, a, *com. see Nos. 526, 538*, 劉管庭 *Riū Kuwan-tei*
529. 金匱玉函要畧輯義 Kin ki giyoku kan yō riyaku shiū gi, a, *com. see Nos. 526, 538*, 丹波元簡 Tamba Genkan, 10 v, 1811
530. 金匱方歌括 *Kin ki hō ka kuwatsu*, a, 陳念祖 *Chin Nen-so*, 3 v
531. 金匱述義 Kin ki jutsu gi, a, *ex. Kin-ki*, 丹波元堅 Tamba Genken, 2 v
532. 金匱懸解 *Kin ki ken kai*, i, *ex. Kin-ki*, 黄元御 *Kō Gen-giyo*, 22 v
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535. 金匱襯注 Kin ki shin chiū, a, *com. Kin-ki*, 箏山泉 Sōsansen, 2 v, 1775
536. 金匱通玄類証 Kin ki tsū gen rui shō, c, *ex. on the Kin-ki*, 烏巣道人謙齋 Usō Dōjin Kensai, 1 v, 1859
537. 金匱翼 *Kin ki yoku*, ac, *aids to Kinki*, 尤怡 *Yū I*, 8 v, 1813
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539. 金匱要畧略辨正 Kin ki yō riyaku ben sei, a, 淺田宗伯 Asada Sōhaku, 6 v
540. 金匱要略聞書 Kin ki yō riyaku bun sho, c, *mt.* 吉益南涯講義佐藤忠岱 Lecture by Yoshimasu Nangai written by Satō Chiūtai, 2 v
541. 金匱要畧註解 Kin ki yō riyaku chiū kai, b, *com. on the Kin ki yō riyaku*, 管隆伯 Kuwan Riūhaku, 1 v, c, by Nagoya Geni, 10 v, 1697
542. 金匱要畧述義 Kin ki yō riyaku jutsu gi, c, *ex. Kin ki yō riyaku*, 丹波元堅 Tamba Genken, 2 v, 1854
543. 金匱要畧國字觧 Kin ki yō riyaku koku ji kai, c, *com. on the Kin ki yō riyaku*, 雲林院了作 Unrinin Riyōsaku, 6 v, 1780
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548. 金匱要章句 Kin ki yō riyaku shō ku, ac, 平安淺野陵 Asano Riyō, Kiyōto, 1 v, 1827
549. 金鏡錄 *Kin kiyō roku*, a, *oo.* 龔廷賢 *Kiyō Tei-ken*, 1 v
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551. 金蘭法 Kin ran hō, 276 *pr.* 菅原岑繼 Sugawara Minetsugu, 50
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553. 金瘡秘藏 Kin sō hi zō, b, *ws.* 1 v
554. 欽定醫家總目 Kin tei i ka sō moku, a, *cat.* 3 v
555. 欽定四庫全書 *Kin tei shi ko zen sho*, † a, *cat. imp. library* at Pekin
556. 熙載錄 Ki sai roku, 322, 356, a, *ac.* 垣本鍼源 Kakimoto Shingen, 2 v, 1769
557. 其慎集 *Ki shin shiū*, ed, 周南岐來 *Shiū Nan Ki-rai*, 5 v, 1736
558. 奇疾便覽 Ki shitsu ben ran, c, *m.* 下津壽泉 Shimotsu Jiusen, 5 v, 1774

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563. 橘窓書景 Kitsu sō sho kei, 淺田宗伯 Asada Sōhaku, 1 v
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567. 灸法要究 Kiū hō yō ketsu, a, *cm*
568. 急救廣生集 *Kiū kiū kō sei shiū,* † *pr. for emergencies, hy.*
569. 急救良方 *Kiū kiū riyō hō,* i, *pm.* 張時徹 *Chō Ji-tetsu,* 2 v
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581. 教訓忍草 Kiyō kun nin sō, 古林見挑 Kobayashi Kentō
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598. 古方藥議 Ko hō yaku gi, a, *amm.* 淺田宗伯 Asada Sōhaku, 6 v
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600. 古醫道治則略註 Ko i dō chi soku riyaku chiū, d, *am.* 1 v
601. 古醫道沿革考 Ko i dō yen kaku kō, 245, *mh.* 權田直助 Gonta Naosuke, in the 東京學藝志林 Tōkiyō Gaku gei Shi rin, No. 80, March, 1884
602. 古事記 Ko ji ki, 246, 248 *hist*, compiled by Yasumaro, 7th c
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606. 皇國醫事沿革小史 Kō koku i ji yen kaku shō shi, 282, *mh.* 郭嘉四郎 Kaku Kashirō, 2 v, 1884-5
607. 皇國名醫傳 Kō koku mei i den, a, *bi.* 淺田宗伯 Asada Sōhaku, 6 v
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610. 古今醫統 *Ko kon i tō*, b, *my.* 明徐東皐 *Jō Tō-ko*, of the Ming dy.
611. 古今名醫彙粹 *Ko kon mei i i sui*, a, 羅東美 *Ra Tō-bi*, 8 v, 1799
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632. 洪氏集驗方 *Kō shi shiū ken hō*, a, 2 v

633. 古書醫言 Ko sho i gen, a, *m.* 吉益東洞 Yoshimasu Tōdō, 4 v, 1814
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635. 栲窓文語鈔 Kō sō bun go shō, a
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637. 黄帝蝦广經 Kō tei ka gen kiyō, c, *MS.* copy, 1 v 1795
638. 黄帝扁鵲脈書上下經 *Kō tei hen jaku miyaku sho jō ge kiyō*, 315, *on the pulse*, c, 倉公 *Sō Kō*
639. 黄帝陰符經正義 *Kō tei in fu kiyō sei gi*, c, 明京山高誠註解 Notes by *Kei Zan Kō sei, Ming dy.* Jap. ed. 1 v, 1798
640. 黄帝授三子玄女經 *Kō tei jiu san shi gen jo kiyō* a, *wd.* 孫星衍 *Son Sei-yen*, 1796-1818
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655. 華陀傳 *Kuwa da den*, a, *bi*, 1v
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680. 麻疹編 Ma shin hen, *me.* 荻野元凱 Ogino Gengai
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729. 内經素問吳註 *Nai kiyō so mon yō go chiū*, c, *m*. 吳崑 *Go Kon*, 3 v, 1585
730. 内經素問識 Nai kiyō so mon shiki, c, *m*. 丹波元簡 Tamba Genkan, 2 v
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733. 内科新說 Nai kuwa shin setsu, † *mp*. 合信氏 Dr. Hobson, in Chinese, 1 v
734. 内丹要訣 Nai tan yō ketsu, 國玄貞 Kuni Gentei
735. 難病方彙 Nan biyō hō i c, *p*. 藤井見隆 Fujii Kenriū
736. 南人言稿 Nan jin gen kō d, 羅山子 Razanshi, 3 v
737. 南柯醫話 Nan ka i wa, a, *m*. 1 v
738. 南溪醫話 Nan kei i wa, a, *m*. 橘春輝 Tachibana Shunki, 1 v

639. 難經 *Nan kiyō*, 261, 281, 296, 304, 318, † ‡ *m.* 扁鵲 *Hen Jaku*
740. 難經註疏 Nan kiyō chiū so, *m.* 名古屋玄醫 Nagoya Geni
741. 難經本義 *Nan kiyō hon gi*, c † *m.* 滑壽 *Katsu Jiu* 1 v, 1708
742. 難經本義諺解 Nan kiyō hon gi gen kai, 317, c, *m.* 岡本一抱 Okamoto Ippō, 1764
743. 難經々釋 *Nan kiyō kei shaku*, a, *m.* 徐靈胎 *Jo Rei-tai*, 1727
744. 難經集註 *Nan kiyō shiū chiū*, a, *m*, 王九思 *Ō Kiū-shi*, 1 v
745. 難經輯說 Nan kiyō shiū-setsu a, *m.* 喜多村寛 Kitamura Kuwan, 2 v
746. 難經疏証 Nan kiyō so shō, bcd, *m.* 多紀元胤 Taki Genin, 2 v, 1807
747. 難經或問 Nan kiyō waku mon, a, *m.* 古林見宜 Kobayashi Kengi
748. 寧固醫談 Nei ko i dan, a, *m.*
749. 寧坤秘笈 *Nei kon hi kiū*, † *wd. pr.* 礪堂 *Rei Dō*, 1786
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771. 温故秘錄 *On ko hi roku*; *m.* 野喬伯遷 *Ya Kiyō Haku-sen*, 7 v
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795. 蘭室秘藏 *Ran shitsu hi zō*, cil, *m.* 李東垣 *Ri Tō-yen*, 3 v
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803. 靈樞懸解 *Rei sū ken kai*, i, 黄元御 *Kō Gen-giyō*, 9 v
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814. 李氏醫鑑 *Ri shi i kan*, 10 v, Supplements 2 v, 李文来 *Ri Bun-rai*

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824. 療治知要 Riyō ji chi yō, a, *m.* 本間玄調 Honma Genchō, 5 v

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861. 採用國傳法 Sai yō koku den hō, b, 森養竹 Mori Yōchiku

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871. 產寶諸方 San hō sho hō, i, *ob.* 1 v

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892. 産論 San ron, 357, 358, *ob.* 加川玄悅 Kagawa Genyetsu
893. 產論翼 San ron yoku, 357, 358, a * c, *ob.* 加川玄迪 Kagawa Genteki, 2 v, 1765
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895. 三才窺管 San sai ki kuwan, 廣瀨周伯 Hirose Shiūhaku, 3 v, 1808
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904. 成方切用 *Sei hō setsu yō*, ci, *th.* 吳儀洛 *Go Gi-raku*, 8 v, 1761
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906. 濟陰綱目 *Sei in kō moku*, *wd.* † ic, 武叔卿 *Bu Shuku-kei*, 10 v, 1728
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923. 聖濟經 *Sei sai kiyō*, a, *m.* 徽宗 *Ki-sō*, 5 v
924. 聖濟總錄 *Sei sai sō roku*, * a, *m.* 徽宗 *Ki-sō*, 121 v, 1111-17
925. 聖濟總錄纂要 *Sei sai sō roku san yō*, i, 程林 *Tei Rin*, 26.v
926. 生生堂方函 Sei sei dō hō kan, a, *pr.* 1 v
927. 生生堂襍記 Sei sei dō shiū ki, 中神琴溪 Nakagami Kinkei
928. 生生堂養生論 Sei sei dō yō jō ron, *by.* 中神琴溪 Nakagami Kinkei
929. 青洲雜話 Sei shiū zatsu wa, 華岡震 Hanaoka Shin
930. 西洋醫說辨 Sei yō i setsu ben, a, *m. th.* 權田直介 Gonta Naosuke, 1 v
931. 製劑記 Sei zai ki, MS. copy, *pharm.* d, 曲直瀨正紹 Manase Shōshō, 1 v
932. 斥醫斷 Seki i dan, a, 畑惟和 Hata Ikuwa, 1 v, 1762
933. 石神 *Seki shin*, 315, 倉公 *Sō Kō*
934. 石室秘錄 *Seki shitsu hi roku*, ai, *m.* 陳士鐸 *Chin Shi-taku*, 6 v, 1662-1723
935. 石室秘錄 *Seki shitsu hi roku*, c, *m.* 金孝芑 rev. by *Kin Kō-ki*, 6 v, 1689
936. 赤水玄珠 *Seki sui gen shiu*, c, * *wd.* 孫一奎 *Son Ik-kei*, 51 v, 1657
937. 赤水論藪 Seki sui ron sū, d, 五島惠迪 Gotō Keiteki, 1792
938. 石山醫按 *Seki zan i an*, ai, *m.* 陳桷 *Chin Kaku*, 2 v
939. 折肱漫錄 *Sek kō man roku*, 黄承昊 *Kō Shō-kō* of the Ming, 6 v
940. 疝瘕積聚編 Sen chō seki shiū hen, a, *colic and aneurism*, 大橋尚園 Ōhashi Shōyen
941. 仙家秘傳痘科眞訣 *Sen ka hi den tō kuwa shin ketsu*, † *sp.* 調元復 *Chō Genfuku*
942. 千字文 *Sen ji mon*, 261
943. 選奇方 Sen ki hō, *pr.*
944. 千金方 *Sen kin hō*, 277, 320, 362 * *pr.* 孫思邈 *Son Shi-baku*, 1543
945. 千金方 *Sen kin hō*, c, *pr.* 林億校正 rev. by *Rin Oku*, 34 v, 1659
946. 千金方烈 Sen kin hō retsu, a, *pr.* 淺田惟諧 Asada Ikai, 1 v
947. 千金方藥註 Sen kin hō yaku chiū, 362, *pr.* 松岡玄達 Matsuoka Gentatsu
948. 千金方衍義 *Sen kin hō yen gi*, a, *pr.* 張路玉 *Chō Ro-giyoku*, 32 v, 1698 1813
949. 千金要方 *Sen kin yō hō*, a, *pr.* 林億 *Rin Oku*, 16 v
950. 千金要方 *Sen kin yō hō*, 孫思邈 *Son Shi-baku*, *Tang dy*, 93 v
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952. 千金翼方 *Sen kin yoku hō*, a, *pr.* 孫思邈 *Son Shi-baku*, 16 v, 1295, 1763
953. 痊驥集 *Sen ki shiū*, i, *vet.* 2 v
954. 宣明論 Sen mei ron, 318, i, *m.* 劉完素 *Riū Kuwan-sō*, 15 v

955. 先醒齋廣筆記 *Sen sei sai kō hik ki*, i, 繆希雍 *Biū Ki-yō*, 4 v
956. 撰鍼論 Sen shin ron, 355, 杉山和一 Sugiyama Waichi
957. 錢氏小兒藥證眞訣 *Sen shi shō ni yaku shō shin ketsu*, † cd. 錢乙 *Sen Otsu*, 1093
958. 鏁書 Sen sho, b, 羽倉用九 Hanokura Yōkiu, 1 v
959. 仙拈集 *Sen ten shiū*, 李文炳 *Ri Bun-hei*, 4 v, 1817
960. 先哲醫話 Sen tetsu i wa, a, *m.* 淺田宗伯 Asada Sōhaku, 2 v
961. 攝生衆妙方 *Ses sei shiū miyō hō*, i, 明張時徹 *Chō Ji-tetsu*, the Ming, 11 v
962. 薛氏醫案 *Ses shi i an*, i, 薛己 *Setsu Ki*, 78 v
963. 接陰陽 Setsu in yō, 315 *m. th.* 蒼公 *Sō Kō*
964. 切脉一葉 Setsu miyaku ichi i, a, *p.* 中莖謙 Nakakuki Yudzuru, 1 v, 1831
965. 說療 *Setsu riyō*, a, *tr.* 笠澤施 *Riū Taku-shi*, 1 v
966. 切要方義 Setsu yō hō gi, 中山三柳 Nakayama Sanriū
967. 切要方義 Setsu yō hō gi, c, *pr.* 上田山澤 Uyeda Santaku, 5 v, 1789
968. 赭鞭餘錄 Sha ben yo roku, f, *mm.* 豐田養慶 Toyoda Yōkei, 1 v, 1761
969. 釋骨 *Shak kotsu*, i, *an.* 沈彤 *Chin Tō*, 1 v
970. 尺素往來 Shaku so ō rai, 284
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972. 瀉疫新論 Sha yeki shin ron, *ch.* 高島久貫 Takashima Kiūkuwan, 2 v, 1823, 1879
973. 四部詮 Shi bu sen, a, 喜多村直溫 Kitamura Chokuon, 1 v
974. 司牧馬經痊驥通元論 *Shi boku ba kiyō sen ki tsū gen ron*, i, *vet.* 卞管勾 *Ben Kuwan-kō*, 6 v
975. 施治攣要 Shi chi ran yō, c, *m.* 田宮尚施 Tamiya Shōshi, 9 v, 1857
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977. 子玄子產論 Shi gen shi san-ron, * a, *ob.* 加川玄悅 Kagawa Genyetsu, 5 v, 1775
978. 此事難知 *Shi ji nan chi*, † i, *fem.* 王好古 *Ō Kō-ko*, 2 v, 1308
979. 四海類聚方 *Shi kai rui shiu hō*, 263, *pr.*
980. 四家撰 Shi ka sen, a, *pr.*
981. 四庫全書 *Shi ko zen sho*, *cat.* see *Kin tei shi ko zen sho*, No. 555
982. 資蒙醫經 *Shi mō i kiyō*, a, *m.* 張介石 *Chō Kai-seki*, 1 v
983. 新明集 Shim mei shiū, 313, 鷹取秀次 Takatori Hidetsugu
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985. 指南鍼灸集 Shi nan shin kiū shiū, 曲直瀨道三 Manase Dōsan
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993. 鍼法口訣指南 Shin hō kō ketsu shi nan, 岡本一抱 Okamoto Ippō
994. 眞本千金方 *Shin hon sen kin hō*, ac, *pr.* 孫思邈 *Son Shi-baku*, 1 v, 1832
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996. 神醫方傍註 Shin i hō hō chiū, *ancient med.* 關政方 Seki Masakata
997. 神醫方註解 Shin i hō chiū kai, *ancient med.* 關政方 Seki Masakata
998. 心醫集 *Shin i shiū*, a, 祝登元 *Shuku Tō-gen, later ed.* 6 v, 1660, 1879
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1010. 鍼灸節要 *Shin kiū setsu yō*, i. *cm.* 明高武 *Kō Bu* of the Ming dy., 3 v
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1017. 鍼灸要略 Shin kiū yō riyaku, 五十川了庵 Isogawa Riyōan
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1028. 神農經 *Shin nō kiyō*, ‡ *mm.* 神農 *Shin-nō*

1029. 神農本草經疏 *Shin nō hon zō kiyō so*, i, 繆希雍 *Biū Ki-yō*, 30 v

1030. 神農本草經百種錄 *Shin nō hon zō kiyō hiyaku shiu roku*, i, 徐靈胎 *Jo Rei-tai*, 1 v

1031. 神應經 *Shin ō kiyō*, i, *ancient med.* 明陳會 *Chin Kuwai* of the Ming dy. 1 v

1032. 新選醫言乙號 Shin sen i gen otsu gō, c, 上田悦安 Uyeda Yetsuan, 1 v

1033. 新脩本草經 *Shin shiū hon zō kiyō*, 274, 277, *mm.* 李世勣 *Ri Sei-seki*, T'ang dy.

1034. 審視瑤函 *Shin shi yō kan*, † *oph.* 傅仁宇 *Fu Jin-u*, 6 v, 1646

1035. 審視瑤函重訂眼科大全 *Shin shi yō kan chō tei gan kuwa dai zen*, c, *oph.* 傅仁宇 *Fu Jin-u*, 6 v

1036. 新增愚按口訣集 Shin sō gu an kō ketsu shiū, c, 土佐道壽 Tosa no Dōjiu with additions by 中山三柳 Nakayama San riū, 3 v, 1754

1037. 診宗三味 *Shin sō san mi*, i, *p.* 張璐 *Chō Ro*, 1 v

1038. 新定屠蘇考 Shin tei to so kō, a, *pr.* 喜多村直寛 Kitamura Chokukuwan

1039. 新添脩活纂要 Shin ten shiū kuwatsu san yō, c, 1 v

1040. 晋唐名醫方撰 Shin tō mei i hō sen, a, *pr.* 喜多村直寛 Kitamura Chokukuwan, 10 v, 1855

1041. 診餘漫錄 Shin yo man roku, 村井椿 Murai Chin

1042. 刺絡編 Shi raku hen, 321 *venesection*, 荻野元凱 Ogino Gengai

1043. 士林餘業 *Shi rin yo giyō*, c, *oph.* 葉雲龍 *Shō Un-riyō*, 6 v

1044. 志齋醫論 *Shi sai i ron*, i, 明高士 *Kō Shi* of the Ming dy. 2 v

1045. 史載之方全書 Shi sai shi hō zen sho, a, *pr.* 2 v

1046. 四聖懸樞 *Shi sei ken sū*, i, *sp. me.* 黄元御 *Kō Gen-giyo*, 4 v

1047. 四聖心源 Shi sei shin gen, 295 i, 黄元御 *Kō Gen-giyo*, 10 v

1048. 師說筆記 Shi setsu hik ki, a, 後藤椿庵 Gotō Chinan 5, v

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1050. 刺鍼家鑑 Shi shin ka kan, 356 *ac.* 吉田意休 Yoshida Ikiū

1051. 刺腫考 Shi shō kō, a, *ab. s.* 1 v

1052. 質疑錄 *Shitsu gi roku*, c, 張介賓 *Chō Kai-hin*, *see No. 397*

1053. 袖珍小兒方 *Shiū chin sho ni hō*, i, 明徐用宣 *Jo Yō-sen* of the Ming dy, 10 v

1054. 疾醫譚 Shitsu i tan, a, *in.* 向田應齊 Mukōda Ōsai, 1 v, 1811

1055. 衆方規矩 Shiū hō ki ku, 曲直瀬正紹 Manase Shōshō

1056. 集驗背疽方 *Shiū ken hai so hō*, i, 李迅 *Ri Jin*, 1 v

1057. 芷園臆草存案 *Shi yeṇ oku sō son an*, ac, 盧復 *Ro Fuku*, *see No. 807*

1058. 諸病源候總論 *Sho biyō gen kō sō ron*, 319 *pa.* 巢元方 *Sō Gen-hō*

1059. 庶物類纂 Sho butsu rui san, 361, 362, *bot. cy.* 稲生宣義 Inao Nobuyoshi

1060. 庶物類纂鈔本 Sho butsu rui san shō hon, a, *mm.* 田村西湖 Tamura Seiko, 14

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1062. 證治彙補 *Shō chi i ho*, † *m.* 李惺菴 *Ri Sei-an*, 1691

1063. 證治醫宗 Shō chi i sō, *m.*
1064. 證治準繩 *Shō chi jun jō,* * † i, *m.* 王肯堂 *Ō Kō-dō*, 120 v, 1602
1065. 証治類方 *Shō chi rui hō*, c, *pr.* 戴元禮 *Sai Gen-rei*, 3 v
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1068. 証治要訣 *Shō chi yō ketsu*, * a, *pr.* 明戴元禮 *Sai Gen-rei*, of the Ming, 2 v
1069. 掌中奇方 Shō chiū ki hō, a. *pr.* 黑羽藏版 Published by Kuroba, 1 v
1070. 腫脹彙編 Shō chō i hen, 片倉元周 Katakura Genshiū
1071. 傷風証治約言 Shō fū shō chi yaku gen, a, *tetanus*, 後藤椿庵 Gotō Chinan
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1106. 嵩厓尊生全書 *Shiū gai son sei zen sho*, † *hy.* 嵩厓 *Shiū Gai*, 15 v, 1696
1107. 衆方規矩 Shiū hō ki ku, c, *pr.* 3 v, 1862
1108. 習醫先入 Shiū i sen niū, c, *pr.* 香月牛山 Kadzuki Giūzan
1109. 集驗方 *Shiū ken hō*, 277, *clm.* 王東野 *Ō Tō-ya*, 1314
1110. 衆驗良方 *Shiū ken riyō hō*, † a, *pr.* 年希堯 *Nen Ki-giyō*, 6 v, 1724
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1112. 執匙危言 *Shiū shi ki gen*, a, 實堂 *Jitsu-dō*. 1 v, 1848
1113. 螽斯草 Shiū shi sō, d, *parasites*, 稻生宜義 Inao Nobuyoshi, 1 v, 1690
1114. 種痘新書 *Shiu tō shin sho*, † i, *sp.* 張琰遜 *Chō Yen-son*, 12 v, 1741
1115. 出燈配劑 Shiutsu tō hai zai, 曲直瀬道三 Manase Dōsan
1116. 崇神天皇記 Shiu jin ten nō ki, a, *hist.*
1117. 春林軒藏方 Shun rin ken zō hō, a, *pr.* 1 v
1118. 春臺方 Shun tai hō, a, *pr.*
1119. 種痘傳習錄 Shiu tō den shiū roku, *vac.* 難波立愿 Naniwa Riūgen, 1 v, 1881
1120. 種痘龜鑑 Shiu tō ki kan, d, *sp.* 久我克明 Kuga Kokumei, 1 v, 1871
1121. 集要 Shiū yō
1122. 傷寒金鏡錄 *Shō kan kin kiyō roku*, c, *f.* 杜清碧 *To Sei-heki*, 1 v, 1341, *see No. 397*
1123. 傷寒金匱折義 Shō kan kin ki setsu gi, 後藤慕庵 Gotō Bōan
1124. 傷寒金匱通玄類證 Shō kan kin ki tsū gen rui shō, 加藤謙齋 Katō Kensai
1125. 傷寒歸眞 Shō kan ki shin, a, *f.*
1126. 傷寒考 Shō kan kō, c, f. 山田正珍 Yamada Shōchin, 1 v
1127. 傷寒講義 Shō kan kō gi, 華岡震 Hanaoka Shin
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1130. 傷寒古訓傳 Shō kan ko kun den, c, f. 及川達 Oikawa Tatsu, 5 v, 1841
1131. 傷寒廣要 Shō kan kō yō d, *f*, 丹波元堅 Tamba Genken, 4 v, 1829
1132. 傷寒冥覽訓 *Shō kan mei ran kun*, c, *f.* 玄味子 *Genmishi*, 1804
1133. 傷寒明理論 *Shō kan mei ri ron*, ac, *f.* 成無己 *Sei Bu-ki*, 2 v, 1205, 1709
1134. 傷寒名數解 Shō kan mei sū kai, ac, *f.* 中西深齋 Nakanishi Shinsai, 5 v, 1774
1135. 傷寒名數解續編 Shō kan mei sū kai zoku hen, a, *f.* 中村元恒 Nakamura Genkō, 2 v

1136. 傷寒雜病論類編 Shō kan zatsu biyō ron rui hen, e, *f.* 小島瑞纂注 with comments by Koshima Dzui, 12 v, 1819

1137. 傷寒來蘇集 *Shō kan rai so shiū*, *f.* 葉天士 *Shō Ten-shi* and 景岳 *Kei-gaku*

1138 傷寒例考文 Shō kan rei kō bun, a, *f.* 喜多村寛 Kitamura Chokukuwan, 1 v

1139. 傷寒六經折義 Shō kan riku kei setsu gi, a, *f.* 喜多村直寛 Kitamura Chokukuwan, 1851

1140. 傷寒論 *Shō kan ron*, 304, 319, 334, ‡ a, *f.* 張仲景 *Chō Chiū-kei*, 1 v

1141. 傷寒論 *Shō kan ron*, 程應旄註 with notes by *Tei Ō-bō*, 15 v

1142. 傷寒論 *Shō kan ron*, c, *f.* 晋王叔和撰次 edited by *Ō Shuku-kuwa* of the *Tsin*, 1 v, 1800

1143. 傷寒論辨正 Shō kan ron ben sei, ac, *f.* 中西深齋 Nakanishi Shinsai, 6 v, 1790

1144. 傷寒論辨正淺註 Shō kan ron ben sei sen chiū, 中西鷹山 Nakanishi Yōzan

1145. 傷寒論分注 Shō kan ron bun chiū, c, *f.* 橘春暉 Tachibana Shunki, 1 v, 1791

1146. 傷寒論註來蘇集 *Shō kan ron chiū rai so shiū*, c, *f.* 柯琴 *Ka Kin*, 8 v

1147. 傷寒論註 *Shō kan ron chiū*, 10 v, appended, 傷寒明理論 *Shō kan mei ri ron*, 3 v, and 論方 *Ron hō*, 1 v, i 成無已 *Sei Bu-ki*

1148. 傷寒論本義 *Sho kan ron hon gi* c, *f.* 張仲景 *Chō Chiū-kei*, 60 v, 1721

1149. 傷寒論方法瑣辨 Shō kan ron hō hō sa ben, c, *f.* 岡田忠省吾 Okada Chiūseigō, 3 v, 1849

1150. 傷寒論條辨 *Shō kan ron jō ben*, 8 v, appended, 本草鈔 *Hon zō shō*, 1 v, 或問 *Waku mon* 1 v and, 痙書 *Kei sho* 1 v, i, 方有執 *Hō Yū-shiū*

1151. 傷寒論條辨續註 Shō kan ron jō ben zoku chiū, i, 鄭重光 *Tei Chō-kō*, 12 v

1152. 傷寒論邇言 Shō kan ron ji gen, 橘春暉 Tachibana Shunki

1153. 傷寒論實義 Shō kan ron jitsu gi, cd, 早川宗菴 Hayakawa Sōan, 5 v, 1811, 1825

1154. 傷寒論序 *Shō kan ron jo*, l, *f.* 張仲景 *Chō Chiu-kei*, 1 v

1155. 傷寒論述義 Shō kan ron jutsu gi, c, *f.* 丹波元堅 Tamba Genken, 1 v, 1844

1156. 傷寒論易簡辨 Shō kan ron i kan ben, b, *f.* M.S. Copy, 1 v

1157. 傷寒啓微 Sho kan kei bi, c, *f.* 片倉元周 Katakura Genshiū, 3 v, 1793

1158. 傷寒論記聞 Shō kan ron ki bun, a, *f.* 笠原元悦 Kasahara Genyetsu, 9 v, 1700

1159. 傷寒論考 Shō kan ron kō, 香川修德 Kagawa Shiūtoku

1160. 傷寒論講義 Shō kan ron kō gi, c, *f.* 譽田登 Honda Minoru, 5 v

1161. 傷寒論古義 Shō kan ron ko gi, c, *f.* 大久保常安 Ōkubo Jōan, 1 v, 1812

1162. 傷寒論廣要 Shō kan ron kō yō, a, *f.* 丹波元堅 Tamba Genken, 4 v

1163. 傷寒論脉証式 Shō kan ron miyaku shō shiki, c. f. 川越衡山 Kawagoye Kōzan, 6 v, 1816

1164. 傷寒論劉氏傳 Shō kan ron riū shi den, c. f. 梅田良民 Mumeda Riyōmin, 2 v, 1772

1165. 傷寒論類方 *Shō kan ron rui hō*, c, *f*. 徐靈胎 *Jo Rei-tai*, 1759, 1790

1166. 傷寒論類証 Shō kan ron rui shō, b, *f*. 寺尾顯融 Terao Kenyū, 1 v

1167. 傷寒論六書 *Shō kan ron riku sho*, c, *f*. 陶華 *Tō Kuwa*, 4 v, 1445: contains the following six works:

1168. 傷寒瑣言 *Shō kan sa gen*

1169. 家秘的本 *Ka hi teki hon*

1170. 殺車搥法 *Sas sha tsui hō*

1171. 一提全 *It tei zen*

1172. 截江網 *Sai kō mō*

1173. 明理續篇 *Mei ri zoku hen*

1174. 傷寒論正文觧 Shō kan ron sei bun kai, c, *f*. 和田東郭 Wada Tōkuwaku (Lecture), 4 v, 1837

1175. 傷寒論正文復正解 Shō kan ron sei bun fuku sei kai, d, *f*. 古矢和白 Furuya Chihaku, 4 v, 1861

1176. 傷寒論識 Shō kan ron shiki, a, *f*. 淺田宗伯 Asada Sōhaku, 6 v

1177. 傷寒論新疏 Shō kan ron shin so, a, *f*. 喜多村直寬 Kitamura Chokukuwan, 1 v

1178. 傷寒論集註 *Shō kan ron shiū chiū*, c, *f*. 張志聰 *Chō Shi-sō*, and 高世拭 *Kō Sei-shiki*, 6 v, 1683

1179. 傷寒論輯義 Shō kan ron shiū gi, cd, *f*. 丹波元簡 Tamba Genkan, 10 v, 1801, 1822

1180. 傷寒論集成 Shō kan ron shiū sei, acl, *f*. 山田正珍 Yamada Shōchin, 10 v, 1789, 1790

1181. 傷寒類方 *Shō kan rui hō*, i, 徐靈胎 *Jo Rei-tai*, 1 v

1182. 傷寒証治明條 *Shō kan shō chi mei jō*, c, *f*. MS. Copy 山陰後學王震 *Sanin Kōgaku, Ō Shin*, 4 v

1183. 傷寒論章句 Shō kan ron shō ku, c, *f*. 吉益南涯 Yoshimasu Nangai, 1 v, 1811

1184. 傷寒論手引草 Sho kan ron te biki gusa, 加藤謙齋 Katō Kensai

1185. 傷寒論定本 Shō kan ron tei hon, c, *f*. 1 v, 1786

1186. 傷寒論摘要 Shō kan ron teki yō, a, *f*. 1 v

1187. 傷寒論特觧 Shō kan ron toku kai, c *f*. 淺野徽補註 Notes by Asano Ki, 3 v, 1790

1188. 傷寒論蘊要全書 *Shō kan ron un yo zen sho*, MS. Copy c, *f*. 呉綬 *Go Jin*, 4 v.

1189. 傷寒論和語示蒙 Shō kan ron wa go shi mō, d, *f*. 宮崎貞順 Miyazaki Teijun, 2 v, 1837

1190. 傷寒論續解 Shō kan ron zoku kai, c, *f*. 新井宗安 Arai Sōan, 3 v, 1797

1191. 傷寒論三註 *Shō kan ron san chiū*, c, *f.* 周楊俊 *Shiū Yō-shun*, 6 v, 1780
1192. 傷寒論翼 *Shō kan ron yoku*, † *f.* 柯琴 *Ka Kin*, 1674
1193. 傷寒類方 *Shō kan rui hō*, a, *f.* 徐靈胎 *Jo Rei-tai*, 1 v, 1759
1194. 傷寒纘論 *Shō kan san ron*, i, 張.璐 *Chō Ro*, 2 v, appended, 緒論 *Cho ron*, 2 v
1195. 傷寒正義 *Shō kan sei gi*, c, *f.* 元麟子振父 *Rin Shi Shin-fu*, the Yuen dy. 1 v
1196. 傷寒精義附圖說 *Shō kan sei gi fu dzu setsu*, c, *f.* 麟子振父 *Rin Shi Shin-fu*, 7 v, 1807
1197. 傷寒精義外傳 Shō kan sei gi guwai den, c, *f.* 和田峰州 Wada Hōshū, 2 v, 1826
1198. 傷寒精一義 Shō kan sei ichi gi, a, *f.* 古矢知白 Furuya Chihaku, 1 v
1199. 傷寒正觧 Shō kan sei kai, c, *f.* 中莖謙 Nakakuki Yudzuru, 2 v
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1201. 傷寒私斷 Shō kan shi dan, 原尚庵 Hara Shōan
1202. 傷寒新編 Shō kan shin hen, a, *f.* 大友常文 Ōdomo Jōbun, 1 v
1203. 傷寒心鏡 *Shō kan shin kiyō*, i, 常德 *Jō Toku*, 1 v
1204. 傷寒津氏微 Shō kan shin shi bi, c, *f.* 津田賞子延 Tsuda Shoshiyen, 2 v, 1792
1205. 傷寒心要 *Shō kan shin yō*, i, 鎦洪 *Riū Ki*, 1 v
1206. 傷寒指掌 *Shō kan shi shō*, 明皇甫中 *Kō-ho Chiū of the Ming*, 14 v
1207. 傷寒衆方規矩 Shō kan shiū hō ki ku, 岡本啓迪院 Okamoto Keiteki in
1208. 傷寒疏論 Shō kan sho ron, 318, *f.*
1209. 傷寒集註 *Shō kan shiū chiū*, c, *f.* 6 v, 1770
1210. 傷寒尚語編 *Shō kan shō go hen*, c, *f.* 喻昌 *Yu Shō*, 7 v, 1696
1211. 傷寒總病論 *Shō kan sō biyō ron*, ai, *f.* 龐安時 *Hō An-ji*, 2 v, 11th c
1212. 傷寒溯源集 *Shō kan so gen shiū*, c, *f.* 錢潢 *Sen Kō*, 4 v, 1803, Jap. Ed. 1819
1213. 傷寒太白 *Shō kan tai haku*, c, *f.* 秦景明 *Shin Kei-mei*, 6 v, 1714
1214. 傷寒手引艸 Shō kan te biki gusa, c, *f.* 加藤玄順Katō Genjun, 1 v, 1777
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1216. 傷寒通誼 Shō kan tsū gi, c, *f.* 喜多村寬 Kitamura Kuwan, 2 v
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1218. 傷寒夜話 Shō kan ya wa, c, f. 原南陽 Hara Nanyō, 5 v, 1846
1219. 傷寒藥議 Shō kan yaku gi, a, *f*, 喜多村直寬 Kitamura Chikukuwan, 4 v
1220. 傷寒譯通 Shō kan yaku tsū, e, f. 鈴木定寬 Sudzuki Teikuwan, 1 v, 1836
1221. 傷寒翼方 Shō kan yoku hō, a, *f.* 淺田宗伯 Asada Sōhaku, 1 v
1222. 傷寒雜抄 Shō kan zas shō, a, f. 多喜櫟窓 Taki Rekisō, 1 v
1233. 傷寒雜病辨証 Shō kan zatsu biyō ben shō, a, *f.* 淺田宗伯 Asada Sōhaku, 3 v
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1225. 傷寒雜病類方 Shō kan zatsu biyō rui hō, c, *f.* 喜多村直寬 Kitamura Chokukuwan, 1 v, 1852
1226. 傷傷舌鑑 *Shō kan zetsu kan*, ci, *f.* 張登 *Chō Tō*, 1 v, 1668
1227. 傷寒全生集 *Shō kan zen sei shiū*, 298, ‡ *f.* 景岳 *Kei-gaku*
1228. 傷寒全生集 *Shō kan zen sei shiū*, *f.* 陶節庵 *Tō Setsu-an*, 1445
1229. 捷徑辨治集 Shō kei ben chi shiū, 曲直瀨道三 Manase Dōsan
1230. 證候治方 Shō kō chi hō, 323, *pr.*
1231. 諸國採藥記 Sho koku sai yaku ki, 363, *nm.* 阿部照任 Abe Shōnin, 18th
1232. 諸國採藥記抄錄 Sho koku sai yaku ki shō roku, 363, *nm.* 植村政勝 Uyemura Masakatsu
1233. 諸國奇方妙藥集 Sho koku ki hō miyō yaku shiū, *pv.* 衣關齋 Kinudome Sai
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1236. 食醫要編 Shoku i yō hen, a, *foods.* Second Ed. 1 v, 1824
1237. 食鑑 Shoku kan, *foods.*
1238. 食經 Shoku kiyō, *foods.*
1239. 食物本草 *Shoku motsu hon zō* ‡ *foods.* 東垣 *Tō-yen*, 2 v, 1651
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1243. 小兒必用記 Shō ni hitsu yō ki d, *cd.* 香月牛山 Kadzuki Giuzan, 5 v, 1714
1244. 小兒方 Shō ni hō, *cd.* 曲直瀨正紹 Manase Shōshō
1245. 小兒方彙 Shō ni hō i, c, *cd.* 下津壽泉 Shimotsu Jiusen, 1 v, 1709
1246. 小兒方譯 Shō ni hō yeki, * *cd.* 3 v
1247. 小兒衞生總微論方 Shō ni yei sei sō bi ron hō, i, *hy of children*, 20 v
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1249. 小兒養生錄 Shō ni yō jō roku, d, 東武拙菴 Setsuan of Musashi, *care of children*, 3 v, 1688
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1254. 蕉窓方意解 Shō sō hō i kai, 和田東郭 (Lecture) Wada Tōkuwaku 3 v, 1836
1255. 尚藥傳 Shō yaku den, a, 尚菴 Shōan 1 v
1256. 蘇沈良方 *So chin riyō hō*, ai, *pr.* 沈括 *Chin Kuwatsu*
1257. 桑韓筆談 Sō kan hitsu dan, 山田正珍 Yamada Shōchin
1258. 桑韓醫談 Sō kan i dan, d, *m.* 北尾春甫 Kitao Shunpo, 2 v, 1711
1259. 叢桂偶記 Sō kei gū ki, c, *m.* 原南陽 Hara Nanyō, 2 v, 1700
1260. 雙桂集 Sō kei shiū, 原尚菴 Hara Shōan

1261. 蒼桂亭醫事小言 Sō kei tei i ji shō gen, abd, *m.* 原南陽口授 Lecture by Hara Nanyō, 8 v, 1854

1262. 倉公傳彙考 Sō kō den i kō, a, *hy.* 劉元簡 Riū Genkan, 1 v

1263. 増廣太平和濟局方 *Sō kō tai hei wa sai kiyoku hō*, *pr.* 陳師文 *Chin Shi-bun*, 1732

1264. 溯洄集抄 So kuwai shiū shō, *m*, 名護屋玄醫 Nagoya Geni

1265. 溯洄集和語抄 So kuwai shiū wa go shō, a, 岡本一抱 Okamoto Ippō

1266. 素問 *So mon*, 261, 273, 274, 296, 304, 317, 333 ‡ * l, 黄帝 *Kō-tei*, 9 v

1267. 素問註證發微 *So mon chiū shō hatsu bi*, i, 明馬蒔 *Ba-Ji of the Ming*, 9 v

1268. 素問元機 *So mon gen ki*, 318 .

1269. 素問元機原病式 *So mon gen ki gen biyō shiki*, i, 劉完素 *Riū Kuwanso*, 1 v

1270. 素問解題 So mon kai dai, a, *m.* 丹波元簡 Tamba Genkan, 1 v, 1787

1271. 素問呉註 So mon go chiū, a, *m.* 8 v

1272. 素問假名抄 So mon kana shō, 名護屋玄醫 Nagoya Geni

1273. 素問懸解 *So mon ken kai*, i, 黄元御 *Kō Gen-giyo, of the Ts'ing dynasty*, 13 v

1274. 素問音釋 *So mon on shaku*, a, *m.* 熊宗立 *Yū Sō-ritsu*

1275. 素問入式運氣論奥 So mon niū shiki un ki ron oku, c, 3 v appended, 黄帝内經素問遺篇 Kō tei nai kiyō so mon i hen, 劉温舒 *Riū On-jo of the Sung*, 957

1276. 素問靈樞類纂約註 *So mon rei sū rui san yaku chiū*, † *m.* 汪昂 *Wō Kō*, 1689

1277. 素問識 So mon shiki, bd, *m.* 多紀元簡 Taki Genkan, 10 v, 1806, 1837

1278. 素問鈔補正 *So mon shō ho sei*, i, 明丁瓚 *Tei San of the Ming*, 12

1279. 素問箚記 So mon tō ki, a, *m.* 喜田村直寛 Kitamura Chokukuwan, 2 v

1280. 素門運氣圖括定局立成 *So mon un ki dzu kuwatsu tei kiyoku ritsu sei*, i, 熊宗立 *Yu Sō-ritsu*, 1 v

1281. 素難評語 So nan hiyō go, d, 物茂卿 Butsu Mokiyō, 1 v

1282. 遵生八牋 *Son sei has sen*, d, *m.* † *hy.* 高濂深 *Kō Ren-shin*, 20 v, 1591

1283. 孫星衍校本 Son sei yen kō hon, a,

1284. 孫氏醫按 *Son shi i an*, i, 明孫泰來,孫明來同編 *Son Tai-rai* and *Son Mei-rai of the Ming*, 1 v

1285. 村天師了證歌 *Son ten shi riyō shō ka*, i, 唐杜光庭 *To Kō-tei of the T'ang*

1286. 徂徠先生醫言 So rai sen sei i gen, b, *hy.* 物茂卿 Butsu Mokiyō, 1 v

1287. 徂徠先生素難評 So rai sen sei so nan hiyō, a, *mth.* 物茂卿 Butsu Mokiyō, 1 v

1288. 素靈微蘊 *So rei bi on*, i, 黄元御 *Kō Gen-giyo*, 4 v

1289. 疽說 *So setsu* † *cancer*, 金儀 *Kin I*

1290. 巣氏諸病源候論 *Sō shi sho biyō gen kō ron*, i, 巣元方 *Sō Gen-kō*, 50 v

1291. 創傷論 Sō shō ron, d, *wounds*, 足立寛 Adachi Kuwan, 2 v, 1877

1292. 瘡瘍經驗全書 *Sō yō kei ken zen sho*, † i, 竇漢卿 *Tō Kan-kei*, 13 v, 1717

1293. 水牛經 *Sui giū kiyō*, † i, 造父 *Zō-fu of the Tang*, 3 v, 7th c.

1293. 杉山流首卷 Sugi yama riū shiu kuwan, 355, *ac. cm.*

1295. 隧穴啓蒙 Sui ketsu kei mō, c, 梯謙子益 Kakehashi Ken Shiyeki, 1 v, 1832

1296. 推求師意 *Sui kiū shi i*, i, 明戴原禮 *Tai Gen-rei, the Ming dy.*, 2 v

1297. 遂生雜記 Sui sei zak ki, 中山三柳 Nakayama Sanriū

1298. 水志 Sui shi, a, 1 v, 1779

1299. 水腫規鑑 *Sui shiu ki kan*, c, *dropsy*, 淑膽 *Shuku Tan*, 2 v, 1802

1300. 水腫刺鍼法 Sui shiu shi shin hō, a, *tr. of dropsy by puncture*, 星陵先生 Seiriyō Sensei, 1 v, 1801-4

1301. 水草志略 Sui sō shi riyaku, 曾占春 Sō Senshun

1302. 太雅 Tai ga, c, 丹波元胤 Tamba Genin, 1 v

1303. 太平惠民和劑局法十卷指南總論三卷 *Tai hei kei min wa zai kiyoku hō*, 10 v, *Shi nan sō ron*, 3 v, i, *pr.* 宋陳師文 *Chin Shi-bun of the Sung*

1304. 太平記 Tai hei ki, 284 *hist.*

1305. 大本瓊瑤發明神書 *Tai hon kei yō hatsu mei shin sho*, i, *ac.cm.* 劉眞人 *Riū Shin-jin*, 2 v

1306. 太醫院急救良方摘要 Tai i in kiū kiū riyō hō teki yō, † *pr.*

1307. 太醫局程文 Tai i kiyoku tei bun, i, 宋時考試醫學之制也 Regulations of the period of the *Sung* Dynasty respecting the examination of physicians

1308. 體仁彙論 *Tai jin i ron*, c, 彭用光 *Hō Yō-kō*, 6 v

1309. 澤菴養生書 Taku an yō jō sho, *hy.* 1 v

1310. 大觀本草 Tai kuwan hon zō, *mm.*

1311. 泰西種痘奇法 *Tai sei shu tō ki hō* d, † *sp.* Written by Dr. Pearson of Canton, and translated into Chinese by Sir. G. Staunton, 9 v, 1805

1312. 台州方函 Tai shū hō kan, a, *pr.* 荻野台州 Ogino Taishiū, 1 v

1313. 太素編 *Tai so hen*, 296, ‡ 楊上善 *Yo Jō-zen*

1314. 太素經 *Tai so kiyō*, 269, 273, 274, 280

1315. 太素正論諺解 Tai so sei ron gen kai c, 白鸞齋 Hakuransai, 3 v

1316. 泰定養生主論 *Tai tei yō jō shiu ron*, ai, *hy.* 王中陽 *Ō Chiū-yō*, 3 v, 1511

1317. 玉味噌 Tama mi so, 330, *foods.* 杉田玄伯 Sugita Gempaku, 1 v

1318. 單方彙義 Tan hō i gi, a, *pr.* 和氣忠胤 Wake Chiūin, 1 v, 1860

1319. 丹溪心法附餘 *Tan kei shin hō fu yo*, i, 明方廣 *Hō Kō of the Ming*, 24 v

1320. 痰火點雪 *Tan kuwa ten setsu*, c, 龔居中 *Kiyō Kiyo-chiū*, 3 v

1321. 丹水家訓 Tan sui ka kun, 名護屋玄醫 Nagoya Geni

1322. 丹水子 Tan sui shi, d, 名護屋玄醫 Nagoya Geni, 2 v

1323. 達生圖說 Tas sei dzu setsu, c, *hy.* 近藤退藏 Kondō Taizō, 5 v, 1858
1324. 達生編 *Tas sei hen*, a, *hy.* 函齋居士 *Kan-sai Ko-ji*, 1 v, 1715 *see No. 397*
1325. 多疾彙箋 Ta shitsu i sen, a, *m.* 喜多村寛 Kitamura Kuwan, 1 v
1326. 提耳談 Tei ji dan, c, *m.* 當壯庵 Tōsōan, 5 v, 1807
1327. 提星海醫按 Tei sei kai i an, a, 原仲父 Hara Chiūfu, 2 v
1328. 蹄疾集 Tei shitsu shiū, *vet.* 中山三柳 Nakayama Sanriū
1329. 程氏易簡方論 *Tei shi i kaŋ hō ron*, † *pr.* 程履新 *Tei Ri-shin*, 6 v, 1693
1330. 疔痘辨名 Tei tō ben mei, 華岡震 Hanaoka Shin
1331. 癲癇狂經驗論 Ten kan kiyō kei ken ron, a, *epilepsy and mania*, 土田獻翼 Tsuchida Kenyoku, 2 v, 1819
1332. 天刑秘錄 Ten kei hī roku, 華岡震 Hanaoka Shin
1333. 天行病論 Ten kō biyō ron, a, *epidemics*, 長松行文仲 Nagamatsu Giyōbunchiū, 1 v, 1812
1334. 天花精言 Ten kuwa sei gen, † *sp.*
1335. 天命辨 Ten mei ben, 山田正珍 Yamada Shōchin
1336. 天命辨辨 Ten mei ben ben, acd, *hy.* 黑田玄鶴 Kuroda Genkuwaku, 1 v, 1818
1337. 圖註脈訣 *To chiū miyaku ketsu*, i, 張世賢 *Chō Sei-ken*, 4 v, 1506-16
1338. 圖註脈訣辨眞 To chiū miyaku ketsu ben shin, † *p.*
1339. 圖註難經 *To chiū nan kiyō*, † i, *Nan kiyō* with notes and plates 張世賢 *Chō Sei-ken*, 1506-16
1340. 東洞門答 Tō do mon dō, a, *m.* 2 v
1341. 東洞先生遺稿 Tō dō sen sei i kō c, *m.* 1800
1342. 唐後方 Tō go hō, d, *pr.* 桑原隆朝璋 Kuwabara Riū Chōshō, 78 v
1343. 吐方編 To hō hen, 321, c, *emetics*, 荻野元凱 Ogino Gengai, 1 v, 1762
1344. 吐方考 To hō kō, 獨嘯庵 Dokushōan
1345. 吐方論 To hō ron, c, *emetics*, 喜多村鼎 Kitamura Kanaye, 2 v, 1807
1346. 吐方撮要 To hō satsu yō, a, *emetics*
1347. 吐方私錄 To hō shi roku, 322, *emetics*, 惠美三白 Yemi Sampaku
1348. 東醫寶鑑 *Tō i hō kan*, ac, † *ed. wd. etc.* 朝鮮許俊 *Kiyo Shun* the Korean, 24 v, 1724
1349. 銅人鍼灸經 *Tō jin shin kiū kiyō*, i, † *ac. em. models, sc.* 王惟德 *Ō I-toku*, 7 v
1350. 銅人腧穴 *Tō jin yu ketsu*, † *ac. em. models, sc.* 王惟德 *Ō I-toku*, 1027
1351. 痘家必用食物好禁看護要略 Tō ka hitsu yō shoku motsu kō kin kan go yō riyaku, d, *food in sp.* 池田全安 Ikeda Zenan, 1 v, 1871
1352. 銅人腧穴鍼經 *Tō jin yu ketsu shin kiyō*, c, *em. ac. models*, New Ed. with Notes, 宋王惟一 *Ō I-itsu*, of the Sung, 5 v
1353. 痘家柔曹 Tō ka jiū sō a, *sp.* 2 v
1354. 燈下集 Tō ka shiū 岡本啓迪院 Okamoto Keitekiin
1355. 燈下餘錄 Tō ka yo roku 後藤慕庵 Gotō Boan
1356. 痘家和新方論 Tō ka wa shin hō ron a, *sp.* 土田道庵 Tsuchida Doan, 1 v

1357. 刀圭餘誌 Tō kei yo shi, a, 1 v
1358. 痘經大全 *Tō kiyō dai zen*, c, *sp.* 江旭奇 *Kō Kiyoku-ki*, 6 v
1359. 痘經會成 *Tō kiyō kuwai sei*, c, *sp.* 鄭大忠 *Tei Dai-chiū*, 1632
1360. 東國通鑑 *Tō koku tsu gan*, 260, *hist.*
1361. 德本翁遺方 Toku hon ō i hō, c, *pr.* 齋藤貴泰玄 Saitō Ki·Taigen, 1849
1362. 德本翁十九方 Toku hon ō jiū ku hō, c, *pr.* 長田德本 Nagata Tokuhon, 2 v, 1804
1363. 德本書牘 Toku hon sho doku, a, *Corresp. of* Nagata Tokuhon, 2 v
1364. 得心錄 *Toku shin roku*, i, 清李文淵 *Ri Bun-yen of the present dy.* 1 v
1365. 痘科辨要 Tō kuwa ben yō, acd, *sp.* 池田錦橋 Ikeda Kinkiyō, 10 v, 1811 1821
1366. 痘科方意觧 Tō kuwa hō i kai, bd, *sp.* 池田大淵 Ikeda Daiyen, 1 v, 1824
1367. 痘科方意解續編 Tō kuwa hō i kai zoku hen, d, *sp.* 1 v
1368. 東郭醫談 Tō kuwaku i dan, 和田東郭 Wada Tōkuwaku, a, *m.* 2 v
1369. 痘科醫筌 Tō kuwa i sen, c, *sp.* 黑澤松益 Kurozawa Shōyeki, Compiled by his son 松以 Shōi, 1802
1370. 痘科鍵 *Tō kuwa ken* c, *sp.* 朱巽 *Shiu Son*, 4 v, 1730
1371. 痘科鍵刪正 Tō kuwa ken san sei, 池田錦橋 Ikeda Kinkiyō
1372. 痘科輯說 Tō kuwa shiū setsu, c, *sp.* 池田晋 Ikeda Shin, 20
1373. 圖南先生新論 To nan sen sei shin ron, a, 阿部煥俊 Abe Kuwanshun, 1 v
1374. 頓醫鈔 Ton i shō, b, *m.* 梶原性全 Kajiwara Shōzen, 30 v, 1303-5
1375. 吐納暇言 To nō ka gen, a, *sh.* 有木吉 Ariki Kitsu, 1 v, 1761
1376. 砦草 Toride gusa, a, *mil.* 原南陽 Hara Nanyō, 1 v, 1856
1377. 痘疹治術傳 *Tō shin chi jutsu den*, c, *sp.me.* 明戴曼公 *Tai Man-kō of the Ming dy* 池田瑞仙再校 Jap. Ed. by Ikeda Zuisen, 1 v
1378. 痘疹玉環方 Tō shin giyoku kuwan hō, *sp. me.* 橘春暉 Tachibana Shunki
1379. 痘疹戒草 Tō shin kai sō, *sp. me.* 池田錦橋 Ikeda Kinkiyō
1380. 痘疹救逆方 Tō shin kiū giyaku hō, a, *sp.me.* 三浦貞國 Miura Sadakuni, 1 v
1381. 痘疹活幼心法 *Tō shin kuwatsu yō shin hō*, c, *sp. me.* 聶尚恒 *Chō Shō-kō*, 2 v
1382. 痘疹策 Tō shin saku, *sp. me.* 原南陽 Hara Nanyō
1383. 痘疹水鏡錄 Tō shin sui kiyō roku, 橘春暉 Tachibana Shunki
1384. 痘疹通 Tō shin tsū, c, *sp. me.* 上月専安甫 Kōdzuki Senanho, 1 v
1385. 痘證理辨 *Tō shō ri ben*, i, *sp.* 明汪機 *Wō Ki of the Ming*, 1 v
1386. 痘瘡規 Tō sō ki, 片倉鶴陵 Katakura Kuwakuriyō
1387. 瘏瘻考 To so kō c, *mm.* 多紀元簡 Taki Genkan, with sup. by 片倉元周 Katakura Genshiū, 1 v, 1788
1388. 瘏瘻考 To so kō, a, *mm.* 小川汶菴 Ogawa Binan, 1 v
1389. 痘瘡新論 Tō sō shin ron *sp.* 中島豐足 Nakashima Hōsoku
1390. 洞天奥旨 *Tō ten oku shi*, † *s.* 陳士鐸 *Chin Shi-taku*, 12 v, 1698.
1391. 湯液本艸 *Tō yeki hon zō*, cil, *mm.* 王好古 *Ō Kō-ko*, 3 v, see No. 1392

1392. 東垣十書 *Tō yen jiu sho*, cil, *cr. m.* (see each work also under number given below), comp. by 王宇泰 *Ō U-tai*, 20 v, 1529
脉訣 *Miyaku ketsu*; No. 707
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1393. 通天曉 *Tsū ten giyō* a,
1394. 通俗醫海腰舟 Tsū zoku i kai yō shiū, 岡本啓迪院 Okamoto Keitekiin
1395. 運氣易覽 *Un ki i ran*, i, 明汪機 *Wō Ki of the Ming*, 3 v
1396. 運氣論諺解 Un ki ron gen kai, 岡本一抱 Okamoto Ippō
1397. 運氣算法 Un ki san hō, 香月牛山 Kadzuki Giūzan
1398. 運氣定論 *Un ki tei ron*, i, 明董說 *Tō Setsu of the Ming*, 1 v
1399. 瘟疫論 *Un yeki ron*, 1 v, 補遺 *Ho i*, Supplement, 1 v, i, *ep.* 明吳又可 *Go Yū-ka of the Ming*,
1400. 和語本草綱目 Wa go hon zō kō moku, 317 b, *mm.* 岡本一抱 Okamoto Ippō, 1698
1401. 和語醫療指南 Wa go i riyō shi nan, 岡本一抱 Okamoto Ippō
1402. 和方一萬方 Wa hō ichi man hō, d, *pr.* 村井椿 Murai Chin, 11 v
1403. 和方涷青堂言家 Wa hō tō sei dō ka gen, c, *pr.* 沙門慈赫 by the Priest Jikaku
1404. 和韓醫談 Wa kan i dan, d, *mth.* 坂上善之 Sakanouye Zenshi, 1 v
1405. 和韓醫話 Wa kan i wa, d, *mth.* 1 v
1406. 倭韓問答 Wa kan mon dō, d, *mth.* 1 v
1407. 和韓人參考 Wa kan nin jin kō, 加藤謙齋 Katō Kensai
1408. 和漢三才圖會 Wa kan san sai dzu ye, 255 *cy.* 105 v, 1714
1409. 和漢嬰童醫按 Wa kan yei dō i an, c, *cd.* 樋口玄信 Higuchi Genshin, 12 v, 1696
1410. 和名本草 Wa miyo hon zō, 255, d, *bo.* 向井元升 Mukai Genshō
1411. 和名鈔 Wa miyō shō, 255
1412. 和蘭藥選 Wa ran yaku sen, *dict.* 桂川甫周 Katsuragawa Hoshiū
1413. 和蘭全軀內外分圖 Wa ran zen ku nai guwai ban dzu, 本木子意 Motoki Shii, 2 v, 1774
1414. 和劑方 *Wa zai hō*, 288, *pr.* See *Wa zai hiyoku hō*.
1415. 和劑局法 *Wa zai hiyoku hō*, 282, 286, 308, * *pr*,
1416. 和劑局方發揮 *Wa zai hiyoku hō hak ki*, 304, 朱丹溪 *Shiu Tan-kei*
1417. 藪醫問答 Yabu i mon dō 長澤道壽 Nagasawa Dōjiu

1418. 藥徵 Yaku chō d, 吉益爲則 Yoshimasu Tamenori, 3 v, 1771

1419. 藥雅 Yaku ga a, *mm.* 丹波元恩 Tamba Genin, 1 v

1420. 藥麯楚編 Yaku giyō so hen a, 1 v

1421. 藥語 Yaku go, *dict.* 原南陽 Hara Nanyō

1422. 藥品解 Yaku hin kai *mm.* 中島豐足 Nakashima Hōsoku

1423. 藥品應手錄 Yaku hin ō shiu roku 高良齋 Kō Riyōsai, 1 v, 1826

1424. 藥品手引草 Yaku hin te biki gusa 加藤謙齋 Katō Kensai

1425. 藥方 *Yaku hō*, 297 ‡ *pr.*

1426. 藥治通議 Yaku ji tsū gi a, *th.* 丹波元堅 Tamba Genken, 5 v, 1839

1427. 藥方小牋 Yaku hō shō sen 橘春暉 Tachibana Shunki

1428. 藥經 Yaku kiyō, 280

1429. 藥鏡 *Yaku kiyō* i, 明蔣儀 *Shō Gi* of the *Ming*, 4 v

1430. 藥名異錄 Yaku mei i roku 五十川了庵 Isogawa Riyōan

1431. 藥名稱呼 Yaku mei shō ko *dict.* 木原宗貞 Kiwara Sōtei, 1 v, 1823

1432. 藥名類抄 Yaku miyō rui shō a, *mm.* 喜多村寬 Kitamura Kuwan,

1433. 藥能方法辨 Yaku nō hō hō ben *th.* 宇津木昆臺 Utsuki Kontai, 1883

1434. 藥能解 Yaku nō kai *th.* 武藤直記 Mutō Chokuki

1435. 藥量考 Yaku riyō kō 村井椿 Murai Chin

1436. 藥籠本草 Yaku rō hon zō 香月牛山 Kadzuki Giūzan

1437. 藥論 *Yaku ron*, 315, 倉公 *Sō Kō*

1438. 藥性 *Yaku sei*, 278

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1440. 藥選續編 Yaku sen zoku hen, 320, 香川修德 Kagawa Shiūtoku

1441. 藥性記辨解 Yaku shō ki ben kai

1442. 藥書明堂圖 Yaku sho mei dō dzu, 262, 354, *mm. diagrams,*

1443. 藥性能毒 Yaku shō nō doku, 曲直瀨正紹 Manase Shōshō

1444. 藥性集要 Yaku shō shiū yo, 362, 盧革碩 Ro Sōseki

1645. 大和本草 Yamato hon zō * 255, 361, 362, *bo.* 貝原篤信 Kaibara Tokushin, 10 v, 1708

1446. 大和本草一家言 Yamato hon zō ik ka gen, 362, *bo.*

1447. 山脇原二氏家藏方 Yama waki hara ni shi ka zō hō *pr.*, 1 v

1448. 山脇尙德方函 Yama waki shō toku hō kan, a, *pr.*

1449. 營實新効方 Yei jitsu shin kō hō, c, 宇佐美主善 Usami Shiuzen, 1 v, 1822

1450. 衞濟寶書 *Yei sai hō sho*, i, 東軒居士 *Tō-ken Ko-ji*, 2 v

1451. 衞生秘要抄 Yei sei hi yō shō, a, *hy.*, 1 v

1452. 衞生十全方 *Yei sei jiū zen hō*, i, *hy.* 3 v, Appended 奇疾方 *Ki shitsu hō*, 1 v, 宋夏德 *Ka Toku of the Sung*

1453. 衞生家寶 *Yei sei ka hō*, a, *hy.* 朱公端 *Shiū Kō-tan*, 6 v

1454. 衞生鴻寶 *Yei sei kō hō*, *hy.* 6 v, 1844

1455. 衞生集 *Yei sei shiū*, i, *hy.* 明周憲 *Shiū Kō*, of the Ming

1456. 榮衛中經之圖 Yei yei chiū kei no dzu, 寒齋先生 Kansai Sensei, 1825

1457. 易氏醫按 *Yeki shi i an*, ac, *m.* 易大良 *Yeki Dai-riyō*, 1 v
1458. 延喜式 Yen gi shiki, 255, 273, *hist.*
1459. 延壽配劑記 Yen jiu hai zai ki, a, *pr.* 4 v, 1670
1460. 延壽類要 Yen jiu rui yo *hy.* 竹田昭慶 Taketa Shōkei
1461. 延壽撮要 Yen jiu satsu yō, *hy.* 曲直瀨玄朔 Manase Gensaku 1 v
1462. 延壽撮要 *Yen jiu satsu yō*, d, *hy.* 曹元宰，著郡山貞倫寫之 written by *Sō Gen-sai* and copied by Kōriyama Teirin, 1782
1463. 延壽和方彙函 Yen jiu wa hō i kan, *pr.* 三宅意安 Miyake Ian
1464. 越俎藥誌 Yes so yaku shi *mm.*
1465. 用方規矩 Yō hō ki ku, 名護屋玄醫 Nagoya Geni
1466. 瘍醫大全 *Yō i dai zen*, c, † *as.* 顧世澄 *Ko Sei-chō*, 20 v, 1773
1467. 瘍醫大全 *Yō i dai zen*, c, *s.* 顧靜齋 *Ko Sei-sai*, 1 v, 1700
1468. 瘍醫大全 *Yō i dai zen*, a, *s.* 顧練江 *Ko Ren-ko*, 48 v, 1736-98
1469. 洋醫駁義 Yō i haku gi, a, *md.* 喜多村寬 Kitamura Kuwan
1470. 瘍醫新書 Yō i shin sho, 330, *s.* 杉田玄伯 Sugita Gempaku, 3 v
1471. 養壽院秘錄 Yō jiu in hi roku a, *m.* 山脇道作 Yamawaki Dōsaku, 1 v
1472. 養壽院方函 Yō jiu in hō kan, a, *pr.* 山脇道作 Yamawaki Dōsaku, 1 v
1473. 養生物語 Yō jō mono gatari, 曲直瀨道三 Manase Dōsan
1474. 養生日覽 Yō jō nichi ran, 曲直瀨正紹 Manase Shōshō
1475. 養生日抄 Yō jō nichi shō, 後藤慕庵 Gotō Boan
1476. 養生囊 *Yō jō nō hy.*
1477. 養生歌 Yō jō no uta, d, *hy. in verse.* 法印安元 Hōin Angen, 1 v, 1794
1478. 養生類要 *Yō jō rui yō* i, *hy.* 明吳正論 *Go Sei-rin, of the Ming*
1479. 養生七不可 Yō jō shichi fu ka, 330, *hy.* 杉田玄伯 Sugita Gempaku, 1 v
1480. 養生主論 Yō jō shiu ron, 名護屋玄醫 Nagoya Geni
1481. 養生鈔 Yō jō shō, 278, *hy.* 深根輔仁 Fukane Sukehito
1482. 養生要語 Yō jō yō go, d, *hy.* 林崇節 Hayashi Shiūsetsu, 2 v, 1701
1483. 養生善道 Yō jō zen dō, d, *hy.* 村井元升 Mukai Genshō, 1 v, 1674
1484. 孕家遵生 Yō ka son sei, 358, *ob.* 富澤治雄 Tomisawa Jiuo
1485. 養記說 Yō ki setsu, d, *hy.* 守拙 Shiusetsu, 5 v, 1851
1486. 幼科辨要 Yō kuwa ben yō, a, *cd.* 1 v
1487. 瘍科秘錄 Yō kuwa hi roku, b, 本間玄調 Homma Genchō, 10 v, 1847
1488. 瘍科方錄 Yō kuwa hō roku, *s.* 本間玄調 Homma Genchō, 1847
1489. 瘍科方筌 Yō kuwa hō sen, a, *s.* 華岡震 Hanaoka Shin, 2 v
1490. 瘍科廣要 Yō kuwa kō yō, a, *s.* 淺田廣要 Asada Kōyō, 6 v
1491. 瘍科瑣言 Yō kuwa sa gen, 華岡震 Hanaoka Shin
1492. 瘍科三要 Yō kuwa san yō, 馬場貞由 Baba Teiyu, 2 v
1493. 瘍科選粹 *Yō kuwa sen sui*, † *s.* 陳文治 *Chin Bun-ji*, 8 v, 1628
1494. 幼科指南家傳秘法 *Yō kuwa shi nan ka den hi hō*, † *cd. pr.* 萬全 *Ban Zen*, 1829
1495. 瘍科神書 Yō kuwa shin sho, 華岡震 Hanaoka Shin
1496. 楊氏家藏方 *Yō shi ka zō hō*, a, *pr.* 楊淡 *Yō Tan*, 9 v

1497. 要藥修治錄 Yō yaku shiū chi roku, 田村善之 Tamura Zenshi
1498. 用藥須知 Yō yaku su chi, 362, m.m. 松岡玄達 Matsuoka Genshi
1499. 養嬰瑣言 Yō yei sa gen, 和田東郭 Wada Tōkuwaku
1500. 幼幼集成 *Yō yō shiū sei*, a. † ed. 陳復正 *Chin Fuku-sei*, 6 v, 1750
1501. 幼々新書 *Yō yō shin sho*, a. ed.
1502. 有毒本草圖說 Yū doku hon zō dzu setsu, tv. 清原仲巨 Kiyowara Chiūkiyo, 2 v, 1827
1503. 又玄餘草 Yū gen yo sō, 望月三英 Mochidzuki Sanyei
1504. 遊豐司命錄 Yū hō shi mei roku, 香月牛山 Kadzuki Giūzan
1505. 腧穴辨解 Yu ketsu ben kai, c. 村上親方 Murakami Shinhō, 2 v
1506. 腧穴便解 Yu ketsu ben kai, c. 鈴木元鏡 Sudzuki Genkiyō, 1 v, 1791
1507. 腧穴捷徑 Yu ketsu shō kei, c. 小坂元祐 Kozaka Genyū, 1 v
1508. 有林福田方 Yū rin fuku den hō, df. 12 v
1509. 有林福田方 Yū rin fuku den hō, 有隣 Yurin the Priest, 12 v, 1657
1510. 雄略紀 Yū riyaku ki, 263 *hist.*
1511. 熊志 Yū shi, *sk.* 難波義材 Naniwa Gisai
1512. 熊膽辨 Yū tan ben, a. *on the bear's gall*, 後藤艮山 Gotō Konzan, 1 v
1513. 熊膽蕃椒 Yū tan han shō, 後藤艮山 Gotō Kouzan
1514. 熊膽說 Yū tan setsu, 320 *on the bear's gall* 後藤達 Gotō Tatsu
1515. 雜病辨要 Zatsu biyō ben yō, a. *m.* 淺田宗伯 Asada Sōhaku, 3 v
1516. 雜病治例 *Zatsu biyō chi rei*, i. 明劉純 *Riū Jun, of the Ming*, 1 v
1517. 雜病廣要 Zatsu biyō kō yō, a. *misc.* 丹波元堅 Tamba Genken, 30 v
1518. 雜病廣要續鈔 Zatsu biyō kō yō zoku shō, a. *misc.* 1 v
1519. 雜病論識 Zatsu biyō ron shiki, a. *misc.* 淺田宗伯 Asada Sōhaku, 6 v
1520. 雜病試効 Zatsu biyō shi kō, 片倉元周 Katakura Genshiū
1521. 雜病翼方 Zatsu biyō yoku hō, a. *misc.*
1522. 全九集 Zen ku shiū, c.
1523. 全生指迷集 *Zen sei shi mei shiū*, i. 宋王貺 *Ō Kiyō, of the Sung*, 3 v
1524. 全書 *Zen sho*, 288, 景岳 *Kei-gaku*
1525. 全體新論 *Zen tai shin ron*, a. *an.* 合信氏 *Dr. Hobson*, written in Chinese, 2 v 1850
1526. 臟腑經絡詳解 Zō fu kei raku shō kai, 317. *an.* 岡本一抱 Okamoto Ippō
1527. 增補醫方口訣 Zō ho i hō kō ketsu, 中山三柳 Nakayama Sanriū
1528. 增補脈論 Zō ho miyaku ron, 1
1529. 增補濟民記 Zō ho sai min ki, 岡本啓迪院 Okamoto Keitekiin
1530. 續易簡方論 *Zoku i kan hō ron*, bac. *pr.* 施發 *Shi Hatsu, of the Sung dy.* 3 v, 1827
1531. 續易簡方論後集 *Zoku i kan hō ron kō shiū*, ac, *pr.* 盧祖常 *Ro So-jō- of the Sung dy.* 2 v, 1827
1532. 續上池秘錄 Zoku jō chi hi roku c. m. 西川瑚子璉 Nishikawa Koshi, ren, 1 v

1533. 續鴻寶秘要 Zokukō hō hi yō, d, 淨秀之 3 v, 1508
1534. 續古事談 Zoku ko ji dan *hist.*
1535. 續名醫類案 *Zoku mei i rui an*, i, 清魏之琇 *Gi Shi-shiū*, of the present dy. 60 v
1536. 續名家灸選 Zoku mei ka kiū sen, c, *cm.* 平井善 Hirai Zen, 1 v
1537. 續日本紀 Zoku ni hon gi, 270 *hist.*
1538. 續素問鈔 *Zoku so mon shō*, i, 明汪機 *Wō Ki* of the *Ming*, 9 v
1539. 續藥徵 Zoku yaku chō, 村井椿 Murai Chin
1540. 續瘍科秘錄 Zoku yō kuwa hi roku, b, s. 本間玄調門人 By a pupil of Homma Gencho, 1859
1541. 臟志 Zō shi, 334, su. 山脇尚德 Yamawaki Shōtoku, 1760

The following additions to and alterations in the original lists furnished the compiler were made and furnished him after the greater part of this list had been printed, and therefore too late for insertion therein.

1542. 仲景全書 *Chiū kei zen sho*, c. 張仲景 *Chō Chiū-kei*, Edited by 王叔和 *Ō Shuku-kuwa* with com. by 成無已 *Sei Bu-ki*, 6 v, 1756
1543. 眼目明鑑 Gan moku mei kan, c, 6 v
1544, No. 8. For 邑壞 *Yū kuwai*, read, 邑環 *Yū-kuwan*
1545, No. 10. For 村上圖基 Murakami Toki, read, 和氣惟亨 Wake Ikō
1546, No. 13. Bai sō hi roku, *sy.* c, 村上 Murakami, read *Bai sō hi roku*, 成九韶甫 *Sei Kiu Shō-ho*
1547, Nos. 14, 15. For 村上 Murakami, read 村上圖基 Murakami Toki
1548, No. 18. Omit, c
1549, No. 29. For 佐藤神符滿 Satō Shinfuman, read 佐藤方定 Satō Hōtei
1550, No. 30. For 1507, read 1645
1551, No. 33. For *Biyō in kō*, 徽洵美 *Ki Jun-bi*, read Biyō in kō, 後藤艮山門人筆記 by a pupil of Gōtō Konzan
1552, No. 36. For 革鷄 Kak kei, read, 草鷄 Sōkei
1553, No. 55. For 東伯甫 *Tō Haku-ho*, read, 李譽 *Ri Bo*
1554, No. 58. For 峯宗伯 Mine Sōhaku, read, 峯宗英 Mine Sōyei
1555, No. 59. For Chi soku shin kiyō betsu roku bo (鄭) shi sō ri read, Chi soku shin kiyō betsu roku tei (鄭) shi sō ri
1556, No. 62. For 池田霧溪 Ikeda Mukei, read, 池田瑞仙 Ikeda Dzuisen
1557, No. 69. For *Katsu senō*, read, *Katsu Sen-ō*
1558, No. 70. For *Riū Ji-kuwa*, read, 葛稚川 *Katsu Chi-sen*, of the *Tsin dy.*
1559, No. 71. For *Kō Sei-ro*, read, Kō Sei-ro, (Manase Shokei)
1560, No. 75. Omit, Wake and Tamba; see *Shin ō kiyō*, No. 1031
1561, No. 83. For 藤鳥巣 *Tō Chō-sō*, read 藤謙齋 *Tō Ken-sai*
1562, No. 88. For ad, read, acd, also insert, and 出雲廣貞 Idzumo no Hirosada

1563, No. 102. For Senki Takuto, read, 船曳周德夫 Funabiki Shiūtokufu

1564, No. 122. For Akagi Guchokuō, read, 長尾愚直翁 Nagao Guchokuō

1565, No. 131. For Honjō Fuichi, read, 本庄俊篤 Honjō Shuntoku

1566, No. 147. For 陳若虛 *Chin Jaku-kiyo*, read 陳實功 *Chin Jitsu-kō*

1567, No. 158, Omit, pub. by Murakami Kuwanbiyōye

1568, No. 167. For Giyo yaku in hō, Chiga Yoshihisa, read *Giyo yaku in hō*, 許公 *Kiyo Kō*

1569, 170. Omit, pub. by Mayegawa Rokuzayemon

1570, No. 183. For *Hen jaku sō kō den*, Chiū Kei-ken, read Hen jaku sō kō den, 中莖謙 Nakakuki Yudzuru

1571, No. 187. For *Hen so den kak kai Gen Riyo*, read, Hen sō den kak kai, 安藤惟寅 Andō Iin

1572, No. 251. Insert after *ed.*, rev. by

1573, No. 253, 257, 304, 321, 341, 452, 454. Omit, c.

1574, No. 268. For *I gaku gen jiū*, read I rai, (壘) Genjiū See 377

1575, No. 276. For *Ri sei sō shaku*, 1565, read, 樓英 *Rō Yei*, 1662

1576, No. 307. For *Ta-Yō-kō*, 1751, read, 何夢瑤 *Ka Bō-yō*

1577, No. 324. For *Chiūtenan*, 1682, read, 休寧認 *Kiū-nei Jin-an*, 1726

1578, No. 328. For I hō tai sei ron, etc. read, I hō tai sei ron 諺解 gen kai

1579, No. 348. Omit (宗), *Sung*, and read, 1816

1580, No. 352. For *Shiu Gen-do*, read 程應旄 *Tei Ō-bo*

1581, No. 353. Omit, edited by etc., and insert, 内藤希哲 Naitō Kitetsu

1582, No. 355. For *I kiyō shi nan sa nan yō, Guwai san Chiku in Doki*, read, I kiyō shi nan so na yō (旨) shi, Guwaisan Chikuin Doki

1583, No. 368. For Oka Kuwantai, read, 關口本貞 Sekiguchi Hontei

1584, No. 372. For In tō riyaku, read, *In tō riyaku*, 邱熺 *Kiu Ki*

1585, No. 404. For *Mutekian*, read, 醫隱素谿 Iin Sokei

1586, No. 428. For *Tō Shi-ken*, read 滑壽 *Katsu Jiu*

1587, No. 432. For Ōhashi Kōdō, read, 牛淵 Ushibuchi

1588, No. 456. For Hirano Chōki, read, 平野重誠 Hirano Chōsei

1589, No. 602. For Yasumaro, read, 太安麿 Ōno Yasumaro, 712

1590, No. 609. For Ko kon gan kuwa hō sen, read, Ko kon sei sen 精選 gan kuwa hō sen

1591, No. 662. For 親 (third character), read, 新

1592, No. 707. For Miyaku ketsū, read *Miyaku ketsu*, 嘉崔彥 *Sai Ka-gen*, 1 v,

1593, No. 750. Insert by 一品舍人親王 Ippon Tone Shinnō, 太安麿 Ōno Yasumaro, and others by Imperial command, 720

1594, No. 1537. Insert 菅野眞道 Sugano Mamichi and 藤原繼繩 Fujiwara Tsuginawa

Note.—Nos. 1101 to 1121 inclusive should follow No. 1054.

CHINESE AND JAPANESE MEDICAL AUTHORS.[1]

The following list has been compiled from the writings of the authors mentioned in the foregoing notes, and also from the list of Chinese and Japanese medical works given on pages 405 to 452. The names of Chinese authors appear in *italics*, and those of Japanese, in Roman. It should be borne in mind that the names of Chinese authors, unlike those of Japanese, are often preceded by the name of the dynasty during which they wrote. In this list, however, the dynasty, when given, appears in abbreviation[2] only, and immediately following the author's name, and is omitted from the name itself. The family name, which usually follows next, coupled with the title *Shi* (氏), is often the principal name by which the writer is known, as, for instance, *Sung Chō Ro-giyoku*, who is usually styled *Cho Shi*, or *Sung Chō Shi* (i.e. Master *Chō* of the Sung Dynasty). The Chinese characters are only placed after Chinese names.

In Japan the syllable (or syllables) following the family name (*sei* 姓) constitutes the individual or given name. Among Japanese physicians, the custom has long obtained of adopting in addition to the *soku-miyō* 俗名 or common personal name, a professional name suggestive, from usage or association, of their calling, such as *Gempaku*, *Hōan*, etc.; and sometimes this adopted name suffixed by the title *Sensei* (先生), Master, becomes the popular name by which the author is known during life, and also his posthumous title, as, for instance, Ono Motohiro, also known as Ono Ranzan or Ranzan Sensei (see note 18, page 305).

The adopted name only appears in the list following the family name, except when the author is well known by both names, in which case both are given.

The century during which each author flourished, when stated in the works to which the writer has referred, is denoted in the list by the

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[1] The proper names mentioned in the foregoing notes appear also in this list.

[2] The following abbreviations have been adopted: **AH**, After Han 後漢 A. D. 221-264; **EH**, Eastern Han 東漢 A. D. 25-221; **H**, Han, B. C. 漢 206 A. D. 25; **M**, Ming, 明 A. D. 1368-1644; **S**, Sung, 宋, First, A. D. 420-478; Second, A. D. 960-1127 (but a very few of the authors mentioned belonged to the First Sung); **Ta**, T‘ang, 唐 A. D. 620-907; **Ts**, Tsin, 晉 A. D. 265-322; **Ts‘g**, Ts‘ing, the dynasty now ruling, began A.D. 1644; **Sui**, A.D. 589-619; **Y**, Yuen, 元 A.D. 1280-1368.

Roman numerals, and the portion of the century by the letters b, m, e, standing for "beginning," "middle," "end," as xvi-m, the middle of the sixteenth century

The italic figures following these names refer to the page of the foregoing notes, wherein the name of the author is mentioned, and the Arabic figures, to the number of the work in the preceding list in which the author's name appears.

An asterisk following the name of an author denotes that the same appears in Asada Koretsune's *Kō-koku-mei-i-den*, or Lives of Famous Japanese Physicians (see page 387). A dagger denotes that the author's name appears in the Catalogue of the Imperial Library at Pekin (see p. 406.)

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◆

ERRATA.

Page 245, after Sato Hotei insert[5]; note[8], for 醫 read 醫; for medicial, read medical.
" 261, 2nd line, insert A.D. before 283; in note[12] for Am. Cycl., read Hoffmann.
" 263, note[22], for | -- insert 沿 革 小
" 283, note[63], for first reign of the Sung Dynasty, read Second Sung Dynasty.
" 297, 19th line, for *Giyoku-kei-kin-ben*, read *Giyoku-kan-kiyō-kin*, 玉 涵 經 金
" 299, 3rd line, for *I-kuwan*, read *I-kuwan-hen*.
" 313, 3rd line, for *Shim-mei-sui*, read *Shim-mei-shi*.
" 320, 3rd line, for *Guwai-tai-hi-yō* by Ōju, read *Ge-tai-hi-yō*, by Ō Chiū.
" 321, 31st line, for acupuncture, read venesection.
" 325, 2nd line, for Hori, read Horii.
" 337, 11th line, for Moshitsu, read Gentaku.
" 348, note[2], 12th line, for Hoffman, read Hoffmann.
" 355, 29th line, for Isai, read Issai.
" 361, 23rd line, for Fukaye, read Fukane.
" 362, lines 16 to 23 should be included in preceding paragraph.
397:
364: olarte
" 384, note[20], for 1881, read 1884.
" 394, insert in chronological order, Dr. Sato Susumu, a Japanese physician, entered the University of Berlin in 1869 and was the first Japanese to receive a foreign medical degree 1874
" 399, 19th line, for scinces, read sciences.
" 401, 1st column, 8th line, for Keampfer, read Kaempfer.

☞For alterations in and additions to the list of medical works see page 451.

A few omissions, such as in spelling *Hon-zō*, *Hon-zo*, *Nan-kiyō*, *Nan-kiyo*, etc., occurring in the first few pages have been, so far as detected, corrected in the spelling of the names of these works as given in the list of medical works, pp. 405-452. In this latter list and also in the list of authors, pp. 453-469, the syllables written in the paper, chū, shū and jū are, with certain exceptions, written chiū, shiū and jiū.

DISCUSSION.

The Chairman, in thanking the author in the name of the Society for his valuable historical paper, drew attention to the comparative freedom from superstitious rites in the ancient Japanese treatment of disease. In the subsequent development of the art, the great event undoubtedly was the translation by Sugita and his co-workers of the Dutch book on anatomy. Since then the progress had been simply determined by the rapidity with which Japan had assimilated Western ideas. The present system by which the Government controls, by means of its license laws and well-ordered laboratories, the sale of drugs and medicines, was highly commendable.

Dr. Whitney subsequently mentioned the very perfect control which the Government exercised over the sale of opium—which was, so far as he knew, quite unique amongst the legislative measures of civilized nations. All the opium sold in Japan was retailed by the Government to the druggists, who were obliged to give twice a year a full account of their sales. Also, the purchaser had to present a written certificate signed by a licensed doctor or dealer in drugs.